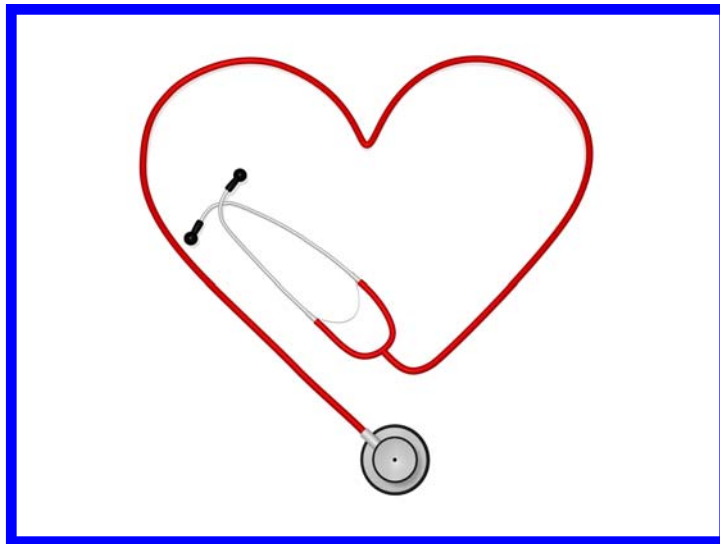


SAN DIEGO COUNTY SEXUAL ASSAULT RESPONSE TEAM SYSTEMS REVIEW COMMITTEE REPORT 2006—2007

HEALTH AND HUMAN
SERVICES AGENCY



June 2011



PUBLIC HEALTH SERVICES

EMERGENCY MEDICAL SERVICES

SAN DIEGO COUNTY SART REPORT



SAN DIEGO COUNTY *SEXUAL ASSAULT RESPONSE TEAM* *SYSTEMS REVIEW COMMITTEE REPORT*

County of San Diego
Health and Human Services Agency
Public Health Services
Emergency Medical Services

June 2011

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June 28, 2011

Dear San Diegans:

The Sexual Assault Response Team (SART) is a unique resource in San Diego that represents a collaborative effort between law enforcement, health care, and victim advocacy organizations throughout the county. The enclosed report, "San Diego County Sexual Assault Response Team Systems Review Committee Report," provides detailed results of SART examinations conducted in 2006 and 2007.

The SART program has been highly successful in the past two decades in achieving its two primary goals: providing support to victims of sexual assault and ensuring accurate evidence collection to bring perpetrators to justice. The team consists of a specially trained nurse examiner, to provide an evidentiary examination and medical support; a law enforcement officer, to conduct an investigation and provide emergency assistance; and a victim advocate, who is there to provide emotional support, referrals, and information to the victim.

The County's ten-year Health Strategy Agenda "*Live Well, San Diego!*" is focused on building better *health* in the community. It also envisions a San Diego County where children, adults, and older adults *thrive* in communities that support health and well-being. Lastly, *safety* in all environments is a third and key component in this agenda. The SART program aligns with all three components of "*Live Well, San Diego!*" by addressing the health and safety of sexual assault victims so they can return to a thriving existence in their community.

We hope that this report will be closely read by all those who are interested in eliminating the threat of sexual assault and in alleviating the serious consequences for those who have been victimized.

Sincerely,

NICK MACCHIONE, MS, MPH, FACHE
Director

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SAN DIEGO COUNTY SART REPORT

ACKNOWLEDGEMENTS

We acknowledge the contributions of the following Emergency Medical Services branch staff members and volunteers for their work in the preparation of this report:

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Mission Statement

To promote social change that fosters a society responsive to victims/survivors, their families and our community that holds offenders accountable.

VALUES:

Culture & Community Support

We are committed to meeting the diverse needs of all members of our community.

Education

We are committed to educating ourselves and the community through multi-disciplinary training and adhering to current standards of professional practice.

Professionalism

We are committed to an objective, state-of-the-art, knowledge-based practice, continuing education, nonjudgmental and honest interaction with victims, and open, respectful communication with other professionals in the field.

Sensitivity

We are committed to recognizing the physical and emotional needs of the victims, providing gentle and thorough acute and follow-up care.

Communication

We are committed to listening to one another's concerns, opinions and offering support through community education and resources.

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Executive Summary

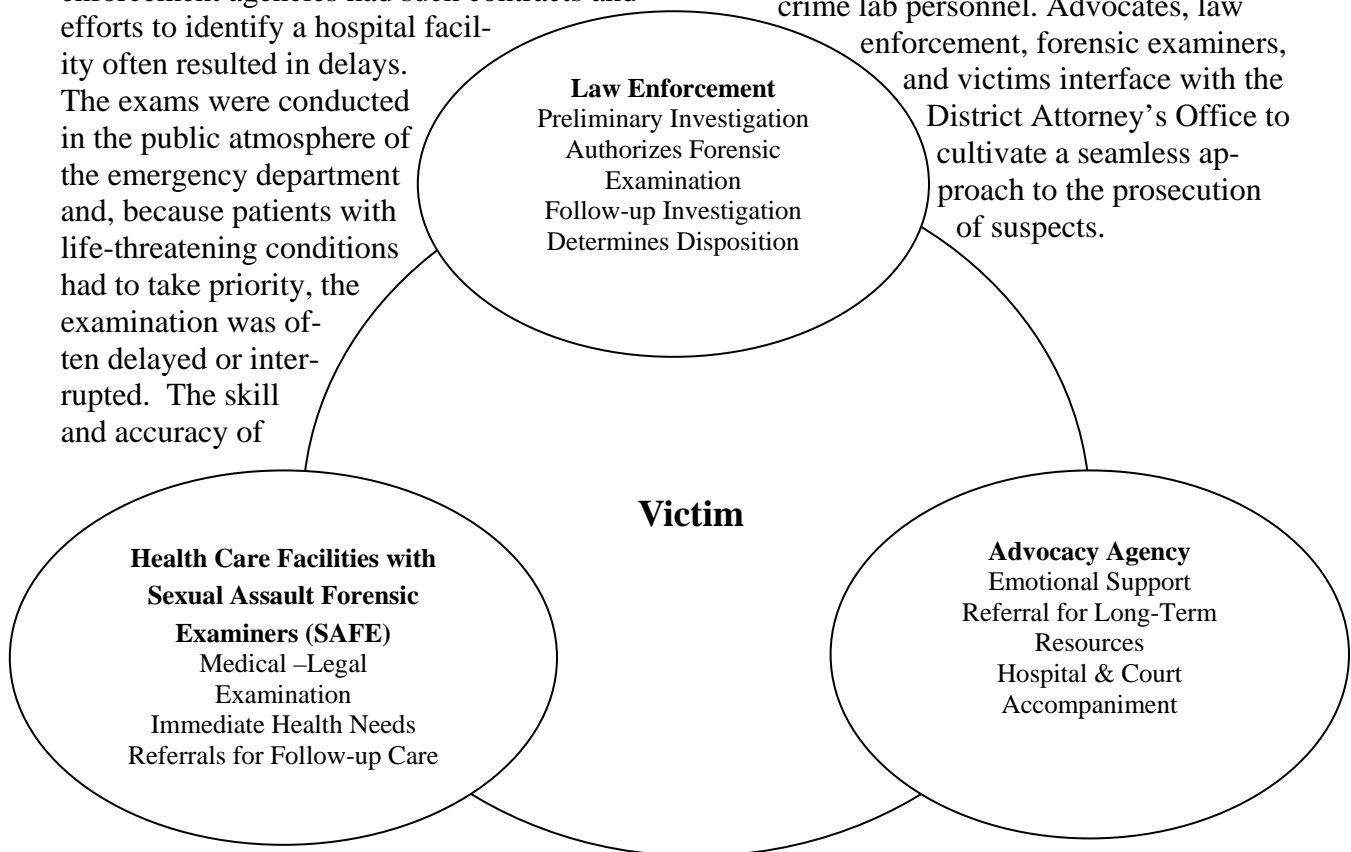
In August of 1991, the County of San Diego Board of Supervisors established the Sexual Assault Response Team (SART) model as the standard of care for victims of sexual assault in San Diego County.

Prior to the advent of the San Diego SART evidence collection efforts and emotional support for the adult victims of this crime were inconsistent and fragmented. The medical-legal examination was authorized by law enforcement agencies to collect information to assist in the prosecution of sexual assault perpetrators. Because the nature of the examination required that medical personnel conduct the procedure, law enforcement agencies contracted with emergency departments countywide to perform the exam. Before the implementation of SART, not all law enforcement agencies had such contracts and efforts to identify a hospital facility often resulted in delays. The exams were conducted in the public atmosphere of the emergency department and, because patients with life-threatening conditions had to take priority, the examination was often delayed or interrupted. The skill and accuracy of

the physical and historical exam was dependent on the experience of the medical practitioner. Emotional support may have been provided by nurses or social workers at some emergency departments, but there was no assurance of follow-up. The SART model was adopted to address these inconsistencies as well as other identified issues.

SART has two primary purposes: 1) to provide emotional support for the victims of sexual assault and 2) to ensure accurate evidence collection to promote the apprehension and prosecution of the perpetrators of this crime. SART utilizes a victim-sensitive, multidisciplinary approach to guarantee achievement of these goals. The team consists of law enforcement personnel, skilled forensic examiners, and sexual assault victim advocates. Since the implementation of the SART model, the program has been strengthened by the active participation of district attorneys and

crime lab personnel. Advocates, law enforcement, forensic examiners, and victims interface with the District Attorney's Office to cultivate a seamless approach to the prosecution of suspects.



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The SART program, initially conceived for adult civilian victims of sexual assault, has expanded to incorporate San Diego's child abuse centers. The military has a large presence in San Diego and their personnel have participated in SART activities since the beginning of the San Diego program and remain an active participant in the program.

The cooperative efforts of the many agencies involved have facilitated the standardization of countywide policies and procedures and have established a model that has gained regional and national recognition.

Overview of Current SART System

Since the formative years there has been increased SART community collaboration, not only between the adult SART participants, but also between professionals representing the child abuse facilities, the Office of the District Attorney, San Diego crime labs, and military programs. This extension of SART participation beyond the original model has resulted in a sharing of information, efforts to standardize treatment, intra-agency cross education, and coordination of services.

Currently all San Diego county law enforcement agencies have agreements with SART facilities to provide sexual assault medical-legal examinations:

Adult exams (≥ 18 years) are conducted at Palomar and Pomerado Hospitals, University Community Medical Center (until October 1, 2006), and Independent Forensic Services (since October 1, 2006)

Child exams (0 - 13 years) and most exams for developmentally delayed persons are conducted at the Chadwick Center at Rady Children's Hospital San Diego or at the Child Abuse Unit at Palomar Hospital.

Adolescent exams (14 - 17 years) are conducted at one of the four facilities listed above, dependent on law enforcement contract.

The forensic examination is a legal procedure and, as ordered by Penal Code Section 13823.95, the financial responsibility of the law enforcement agency in whose jurisdiction the sexual assault occurs.

Adult Examination Facilities

When notified of a sexual assault, law enforcement representatives respond to initial reports; work to enhance victims' safety; obtain a preliminary statement from the victim, to determine if a crime occurred; evaluate whether a forensic examination is warranted; and provide transportation to/from the exam site, as needed. If law enforcement determines that forensic evidence may be retrievable and if the victim consents to undergo a medical-legal examination, the 24-hour on-call sexual assault forensic examiner (SAFE) and sexual assault victim advocate are paged to meet law enforcement and the victim at the designated facility.

The forensic interview and examination are conducted by the forensic nurse specialist in the most private and confidential setting possible. San Diego SAFE's have all completed a special core curriculum course, providing didactic education and clinical experience in the examination, collection, and documentation of sexual assault forensic evidence. Examiners use a colposcope, which is a magnifying instrument to visualize skin and genital injuries. A camera is attached to the colposcope, which provides photographic documentation of findings. Forensic practitioners provide education and prophylaxis for sexually transmitted diseases and emergency contraception when indicated.

The immediate availability of qualified clinical

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cians to perform sexual assault medical-legal exams decreases the long waits previously experienced by sexual assault victims and enhances the prosecution of perpetrators. The SART system also enables law enforcement officers to return to the field in an expeditious manner.

Sexual assaults committed on military bases fall under the jurisdiction of the Naval Criminal Investigative Services (NCIS) or Criminal Investigation Division (CID). Sexual assault examinations of military personnel or dependents in San Diego proper (non-military bases) are authorized by the law enforcement agency in the jurisdiction where the assault occurred.

The sexual assault victim advocate is the person whose primary purpose is to provide emotional support throughout the process. In addition to providing support at the time of the exam, advocates ensure that victims are informed about follow-up counseling services, the Victim Assistance Program, and community resources. They may also accompany the victim to interviews and court proceedings, if needed. The primary agencies providing advocacy include:

- ◆ Center for Community Solutions (CCS) with branches in Pacific Beach, La Mesa and Escondido.
- ◆ Oceanside's Women's Resource Center

Other volunteer agencies, including the Citizens Adversity Support Team (CAST), Crisis Intervention (CI), the Trauma Intervention Program (TIP), and the Sexual Assault Victim Intervention (SAVI) program provide immediate emotional and psychological support for victims when requested.

The District Attorney Victim Assistance Program also provides court accompaniment and

assists victims with a variety of services including filing compensation claims for possible reimbursement of lost wages, as well as medical and counseling expenses.

Child Examination Facilities

The Chadwick Center at Rady Children's Hospital San Diego and Palomar Medical Center have comprehensive programs to assist in the detection and evaluation of child abuse and molestation. Their staff includes physicians, social workers and nurses.

At the request of law enforcement or Child Welfare Services (CWS), a physician/ nurse team is immediately available for acute assaults reported within 72 hours of the incident. A daytime examination is scheduled for cases disclosed beyond 72 hours.

Every effort is made to eliminate unnecessary and repetitive interviews. At the request of law enforcement, specially trained evidentiary social workers are available to conduct videotaped interviews with child and adolescent victims. This service is also available for severely developmentally delayed adults.

SART Systems Review Committee

The Sexual Assault Response Team (SART) Systems Review Committee was established by the county to address specific policies and procedures related to the implementation and operation of the SART program in San Diego.

The Committee is comprised of representatives from the adult/adolescent SART facilities of Palomar-Pomerado Forensic Services and Independent Forensic Services, the child/adolescent centers of the Chadwick Center and Palomar Health Center, the Naval Medical Center San Diego, law enforcement agencies, advocacy programs, district attorneys and victim-assistance personnel from the District Attorney's (DA's) Office, Crime Labs, Indian Health Council and the County of San Diego

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Health & Human Services Agency, Public Health Services, Emergency Medical Services branch (EMS). The Systems Review Committee exemplifies how cooperation and collaboration can enhance outcomes of multi-disciplinary programs.

Data Collection

Currently SART facilities provide system data to EMS for input to a central computerized database. Data points were chosen to accomplish the following goals:

- ♦ Evaluate the strengths and weaknesses of the SART program
- ♦ Provide basic demographic victim information
- ♦ Track SART facility, law enforcement, and advocate agency participation
- ♦ Document physical injuries incurred as a result of sexual assault
- ♦ Provide data for grant funding and clinical research on sexual assault victims
- ♦ Track and evaluate judicial outcome

A confidential questionnaire, available in English and Spanish, is used to elicit SART program feedback from survivors of sexual assault to improve the quality of the forensic exam. The questionnaire and a pre-stamped, pre-addressed envelope are given to the victim at the completion of the evidentiary examination. Responses are mailed directly to EMS, entered into a database, and anonymously shared with SART program personnel. The questionnaires ask victims to rate the services provided by law enforcement personnel, forensic examiners, and advocates as excellent, good, fair, or poor. Additionally, there is space to provide written comments for each agency. A majority of the victims rate the services as excellent.

Accomplishments 2006-2007

- ♦ Independent Forensic Services, first non-hospital based facility established October 2006 to provide Evidentiary Examination Service when University Community Medical Center/Promise Hospital no longer available for SAFE exams.
- ♦ Women's Resource Center and Center for Community Solutions provided five Sexual Assault Domestic Violence Trainings to 30 advocacy staff, volunteers and other agencies personnel.
- ♦ The District Attorney's Office sponsored the Prevent Rape by Intoxication through Community Education (P.R.I.C.E.) campaign which involved the community colleges, UCSD, USD, SDSU, law enforcement and the military.
- ♦ Survivor Retreats were provided by Women's Resource Center and Center for Community Solutions.
- ♦ SART members continued to provide presentations to Emergency Department Personnel regarding expeditious and clinically sound treatment and/or transfer of sexual assault victims.
- ♦ San Diego Sheriff's Department Detective presented training on Process of District Attorney Interviews.
- ♦ Center for Community Solutions and Women's Resource Center provided 56-hour Crisis Intervention Training six times a year to a total of 122 people.
- ♦ Eight members of the SART Committee participated in the California Medical Training Center, University of California, Davis SART Enhancement and Community Action Project to assess and address the needs of SARTs and victims of sexual assault across California.
- ♦ Center for Community Solutions hosted

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three Officers of Service Development from the Hong Kong Council of Social Services to share San Diego SART information.

- ◆ Independent Forensic Services and Palomar-Pomerado Forensic Services each conducted a five day Sexual Assault Forensic Examiner Course, training 10 new local forensic nurses, and five new forensic nurses from other counties.
- ◆ SART Representatives from the Native American Community along with over 200 Tribal Leaders, participated in the Consultation (I and II) for Violence Against Women's Act (VAWA) pertaining to Indian Families, Women and Children, Domestic Violence, Sexual Assault, Teen Dating Violence, and Stalking.
- ◆ Sheriff's Department coordinated a class on Full Faith and Credit for Stalking and Restraining Orders that discussed requirements of the military, law enforcement, and judicial systems.
- ◆ Specific agencies/individuals sponsored fundraising events to support sexual assault program activities and to raise money to support victim needs.

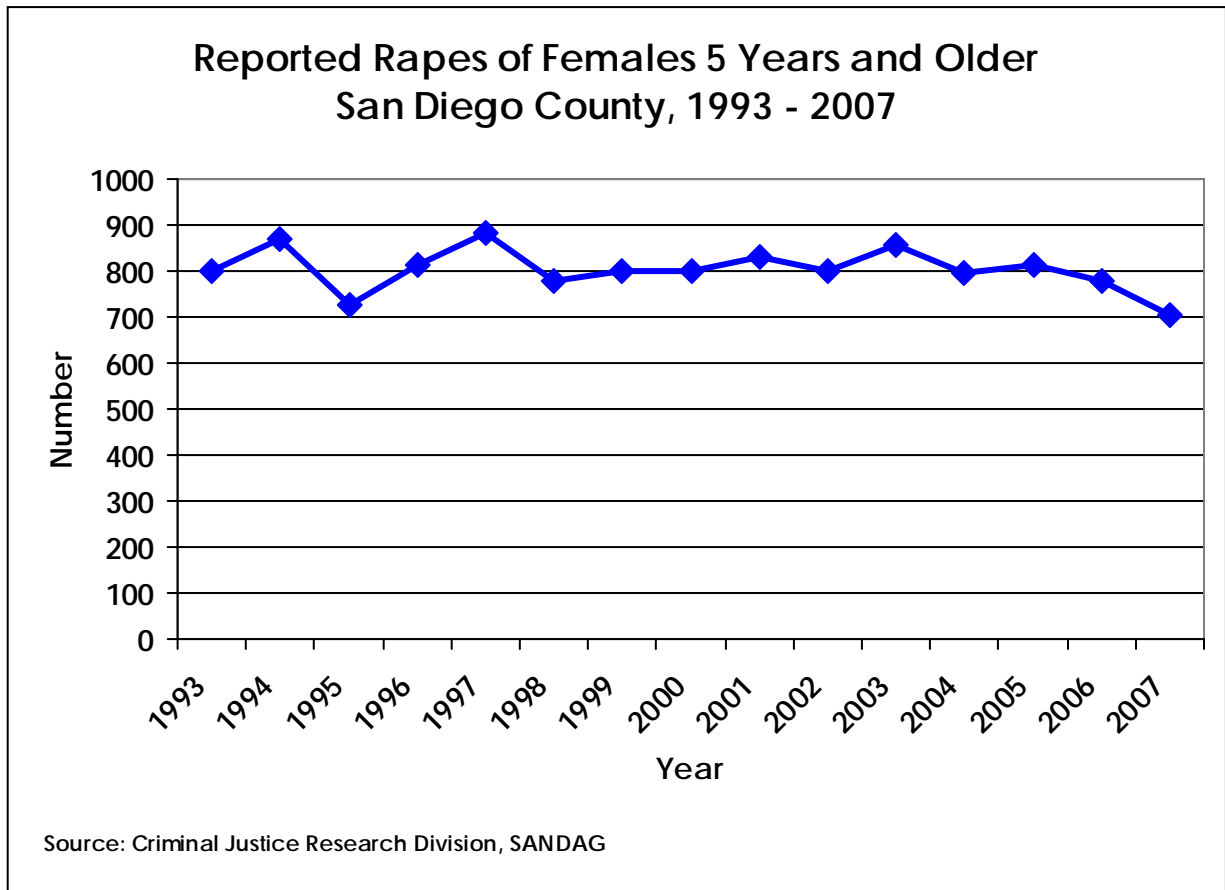


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Rape in San Diego County

San Diego law enforcement agencies report specific crimes to the FBI through the Uniform Crime Reporting (UCR) Program. Forcible rape, as defined in the Uniform Crime Reporting (UCR) Program, is the carnal knowledge of a female forcibly and against her will. Assaults and attempts to commit rape by force or threat of force are also included; however, statutory rape (without force) and other sex offenses are excluded. It also excludes non-forcible sexual assaults involving developmentally disabled persons and against victims who do not resist because of the influence of alcohol or drugs. Sexual attacks on males are reported separately in the FBI index assault category.

Law enforcement agencies also provide sexual assault data to the San Diego Association of Governments (SANDAG). Data reported to and analyzed by SANDAG differs from the UCR data in several areas and is useful for tracking sexual assault incidents in our region. For the years 1993 through 2007, SANDAG documented an annual average of 803 rapes.



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SART Systems Review Committee Report

The County of San Diego Health and Human Services Agency, Public Health Services Emergency Medical Services branch (EMS) was charged with the responsibility of medical-legal examination data collection. Some important statistics of examinations conducted in 2006 and 2007 include:

- ◆ Eight hundred eighty four examinations were conducted for adults at SART facilities during the calendar years of 2006 and 2007.
- ◆ Ninety-five percent (95%) of the medical-legal exams conducted at adult SART facilities were for female victims.
- ◆ During 2006 — 2007, the San Diego Police Department (P.D.) authorized 51% of county exams at adult facilities, followed by the San Diego County Sheriff's Department (21%), Naval Criminal Investigative Service, Chula Vista P.D., and Oceanside P.D. (5% each).
- ◆ A majority of adult exams were for females ages 18 – 29. This age group comprises 23% of the total adult female population but 66% of exams, which translates to an examination rate of 106 per 100,000 females.
- ◆ Exam rates for Black females 18 years and older were almost two times the White rate (73/100,000 vs. 38/100,000). The Hispanic female examination rate was 33 per 100,000 for female residents 18 years and older.
- ◆ Two-thirds (67%) of victims undergoing medical-legal examinations at adult SART facilities stated they knew the perpetrator.
- ◆ Fifteen percent (15%) of assaults on 18 to 29 year olds were perpetrated by somebody that the victim had known for less than 24 hours.
- ◆ Forensic examiners identified positive visible physical findings in 87% of adult medical-legal examinations.
- ◆ Eight hundred seven examinations were conducted for juveniles younger than 18 years, either at SART facilities or at the Chadwick Center at Rady Children's Hospital.
- ◆ Sixteen percent of juvenile exams were for boys, with 62% of those between five and ten years of age.
- ◆ Examinations of girls peaked at 6 to 7 years of age (22% of exams) before dropping sharply and rising again in the teen years.
- ◆ Relatives made up 28% of perpetrators for juveniles, and 60% of juveniles younger than 10 years of age.

Examinations of Adults 18 Years and Older 2006—2007

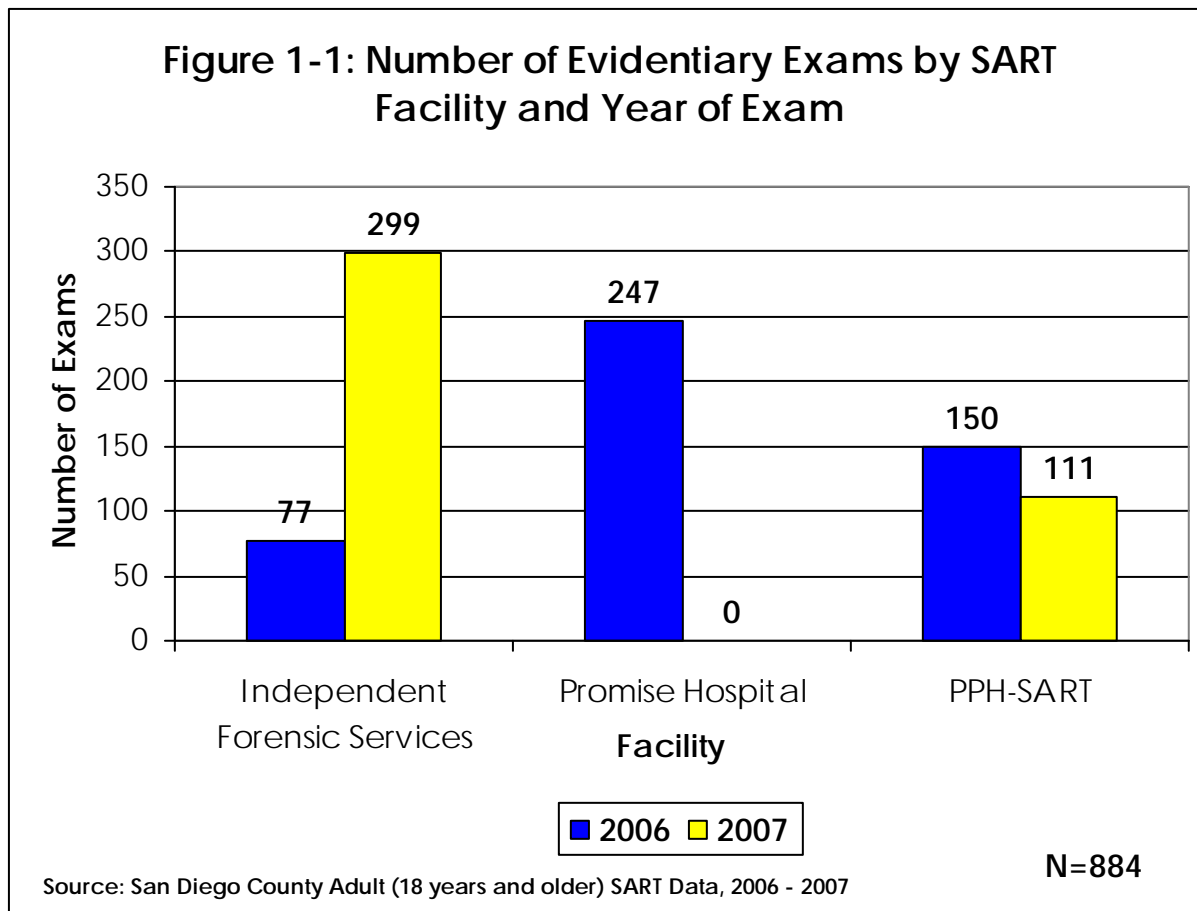


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Evidentiary Examinations of Adult Victims by Facility and Year

From January 1, 2006 through December 31, 2007, there were 884 evidentiary examinations for victims 18 years and older conducted at SART facilities. There were 474 examinations conducted in 2006. In 2007, the number of examinations decreased to 410, a 13.5% decline. Additionally, there were 107 exams done for adolescents (ages 13-17) at these facilities during this two year period.

Evidentiary exams were conducted at Promise Hospital (previously known as University Community Medical Center, previously Villa View Memorial Hospital) until September 30, 2006. At that time, Independent Forensic Services (IFS), a non-hospital based business venture, began conducting exams for individuals who would have previously gone to Promise. IFS and Promise hospital combined to conduct 623 (70%) of the examinations during 2006 and 2007. The high volume was due in part to a contract with the San Diego Police Department, which serves 43% of the county population. Palomar-Pomerado Health Care, which serves the north county

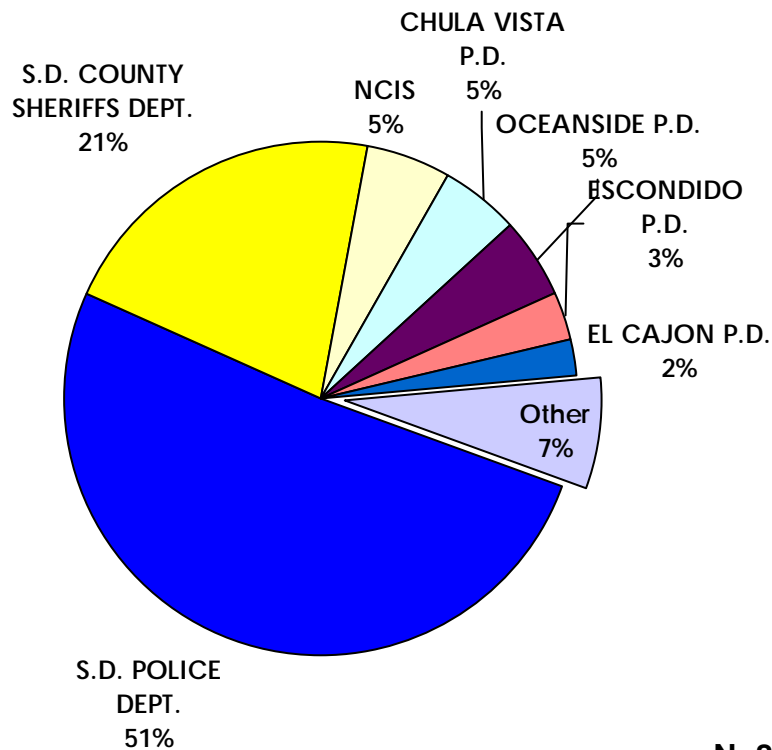


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Authorizing Law Enforcement Agency: Adult Victims

The responding law enforcement agency is responsible for authorizing the examination and transporting the victim to the SART facility. Since the examination is conducted for the purpose of collecting evidence, the authorizing law enforcement agency is also responsible for cost reimbursement. The San Diego Police Department, whose jurisdiction encompasses 43% of the county population, authorized 52% of SART adult examinations during 2006 and 2007. The San Diego County Sheriff, which patrols the county's unincorporated regions and holds contracts with several cities (15.6% of population), authorized 21% of SART cases. Oceanside, with 5.7% of the population, had 5.1% of SART cases. The contributions of the other jurisdictions were as follows: Escondido (4.6% of population), 3%; Chula Vista (7.4% of population), 5%; and El Cajon (3.1% of population), 2%. In addition, the Naval Criminal Investigative Service authorized 5.2% of SART cases.

Figure 1-2: Authorizing Law Enforcement Agency: 2006 - 2007



N=884

Source: San Diego County Adult (18 years and older) SART Data, 2006 - 2007

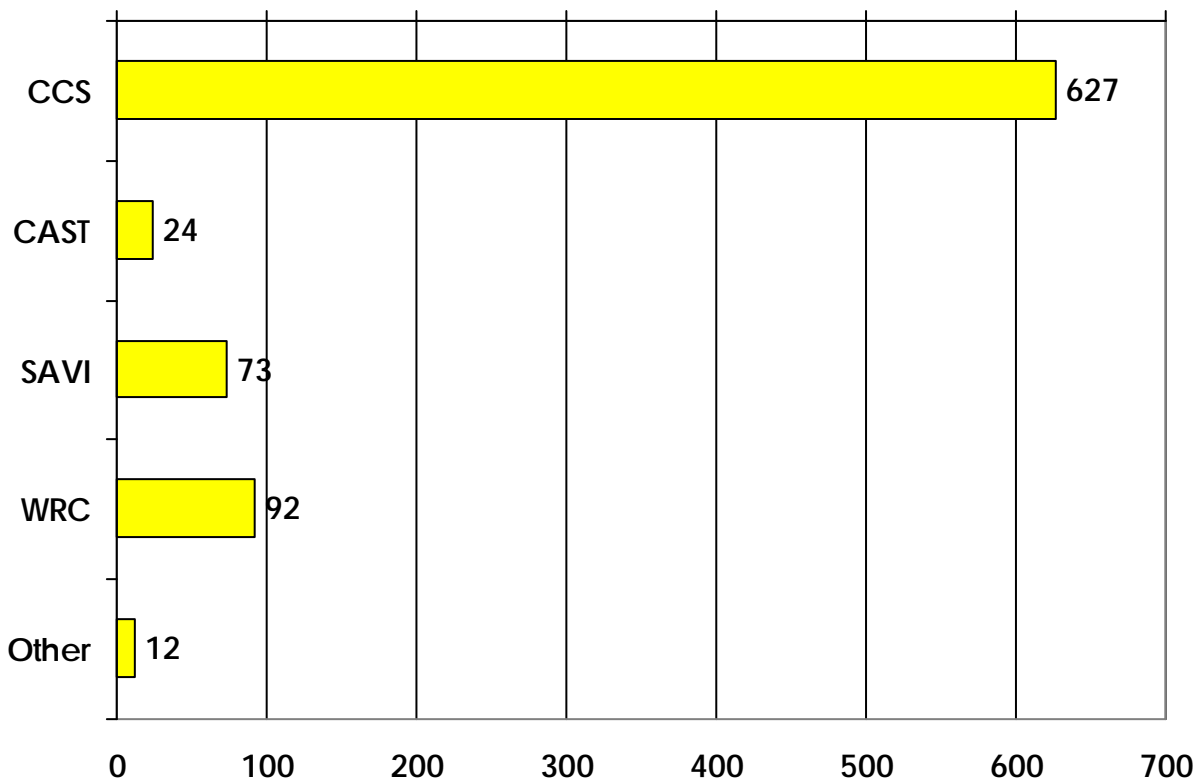
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Advocacy Agencies: Adult Victims

The sexual assault victim advocate's primary purpose is to provide emotional support throughout the SART process. In addition, advocates ensure that victims are informed about follow-up counseling services, the District Attorney's Office Victim Assistance Program, and community resources. If requested, they are present during law enforcement and attorney interviews and provide court accompaniment.

The majority of services were provided by the Center for Community Solutions (CCS) and the Women's Resource Center (WRC). The Center for Community Solutions performed 71% of advocacy services during 2006 and 2007. The Women's Resource Center accounted for 10% of advocacy services, serving Palomar-Pomerado SART. Several community-based and law enforcement-affiliated volunteer programs also offered first line support for sexual assault victims.

Figure 1-3: Advocacy Agencies: 2006 - 2007



Source: San Diego County Adult (18 years and older) SART data, 2006 - 2007

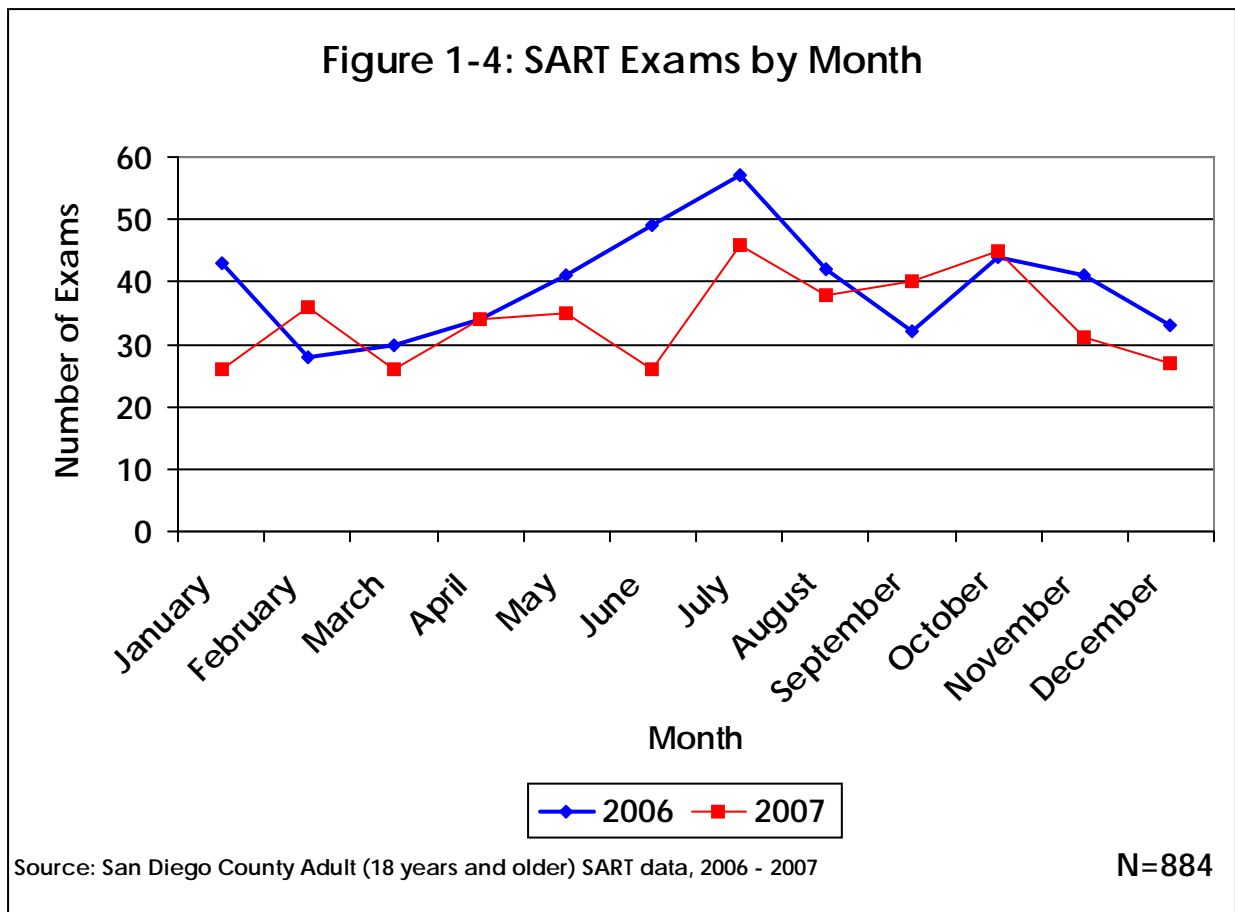
Note: Advocacy Agency was not documented for 56 cases

N=828

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Month of SART Exam: Adult Victims

The following graph illustrates the number of SART exams by month and year. During both 2006 and 2007, the peak month occurred in July. The fewest exams were performed during February 2006 (28) and June 2007 (27 exams).

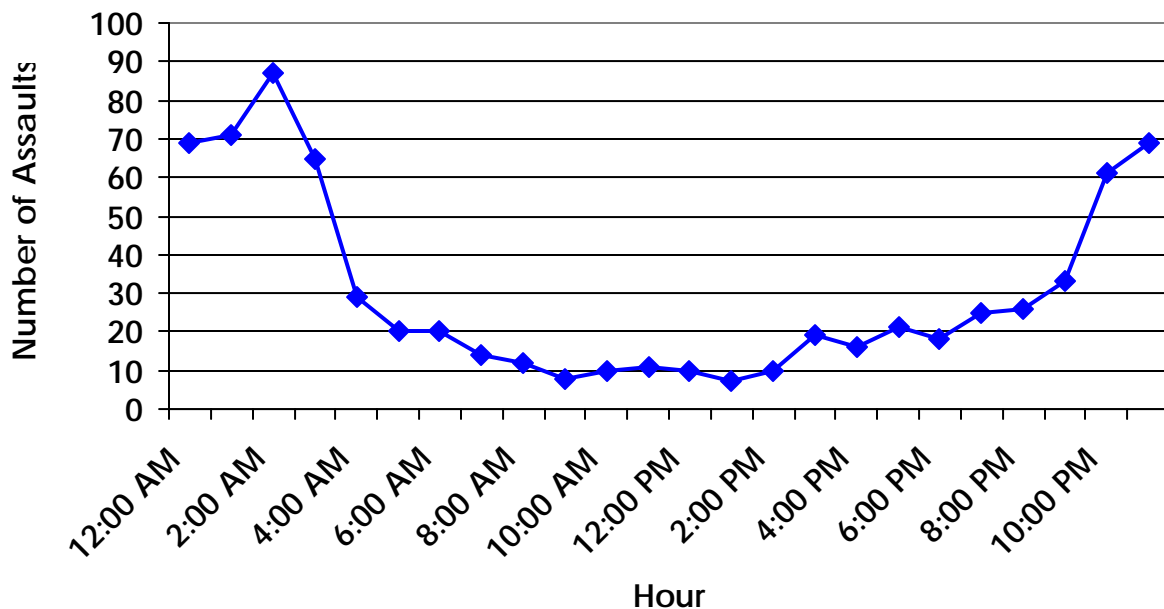


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Time of Assault: Adult Victims

Time of day is a strong factor in the occurrence of adult sexual assaults. For the years from 2006 through 2007, 58% of the assaults with a known time of assault occurred between 10 p.m. and 4 a.m., with peak incidence at 2:00 and 3:00 a.m.

Figure 1-5: Time of Assault, 2006 - 2007



Source: San Diego County Adult (18 years and older) SART data, 2006 - 2007
Time of assault was not documented in 153 examinations.

N=731

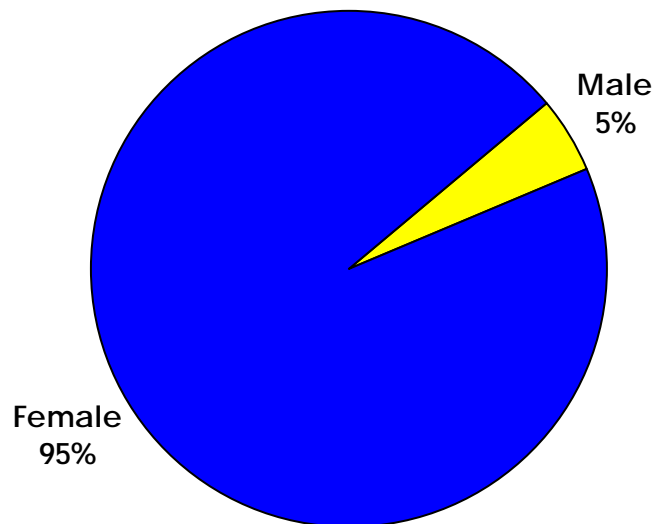
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Victim Gender: Adult Victims

While nearly all (95%) of the evidentiary examinations performed were for female victims, SART facilities and advocate agencies have made a concerted effort to have appropriate services available for males as well. It is extremely important that the needs of male victims be actively addressed. It has been suggested that because the stigma of sexual assault is even greater for male victims than for females, they are far less likely to report an assault.

Research has shown that adolescent male victims of sexual assault are much more likely to act out their frustration through suicide attempts, violence, and substance abuse. Intervention, therefore, is crucial in this group in order to interrupt the cycle of victims becoming abusers.

Figure 1-6: Gender of Victim



Source: San Diego County Adult (18 years and older) SART data, 2006 - 2007

N=884

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Age of Female Adult Victims

Despite comprising only 22% of the total adult female population, victims between 18 and 29 years made up 66% of adult evidentiary examinations in SART facilities, producing a rate of 106 per 100,000 per year. Victims in the 18-29 year old age group had a rate of evidentiary examinations that is more than three times that of the second highest group, the 30-39 year olds.

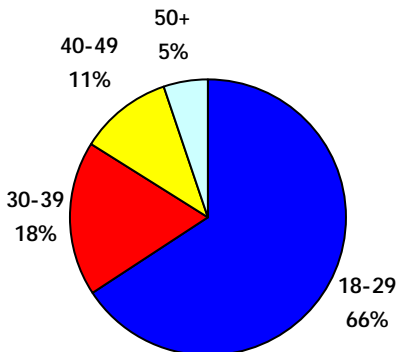
Table 1-1: Examinations by Age for Adult Female Victims

Age Group	Number of Exams	Percent of Exams	Annual Rate Per 100,000 Females
18-29	555	65.9%	106.44
30-39	151	17.9%	33.79
40-49	92	10.9%	20.01
50+	44	5.2%	4.91
Total	842	100	36.23

The 30-39 year olds are the only age group whose percentage of examinations (18%) were similar to the percentage in the population (19%). Older age groups had much lower rates of examinations than would be expected based on their percentage of the adult female population. Meaningful rates for males could not be calculated due to the low number of adult male exams by age group.

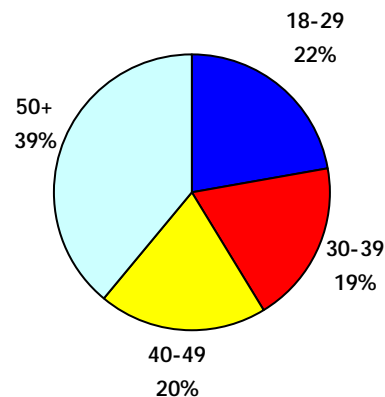
**Figure 1-7: Adult Females: Victims vs. Population by Age
San Diego County, 2006 - 2007**

Age of Adult Female Victims
2006 - 2007
(N=842)



Source: County of San Diego Adult (18 years and older) Female SART Data, 2006 - 2007

San Diego County Adult Female
Population, 2007
(N=1,169,057)



Source: SANDAG Population estimates, updated October 2009

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Race/Ethnicity: Adult Female Victims

Expressing race/ethnicity-specific data in terms of rates allows a much more meaningful comparison of different population groups than is possible by examining raw numerical data by itself.

Many more examinations were performed for White female sexual assault victims than for Black women (482 versus 80 exams). However, since the Black population was so much smaller, the rate among Black women was calculated to be nearly two times Whites (73 per 100,000 compared to 38 per 100,000). This data should not be used to draw conclusions about the rate of sexual assaults, since it is limited to those assault victims who reported the crime and received examinations.

Table 1-2: Examinations by Race/Ethnicity for Adult Female Victims

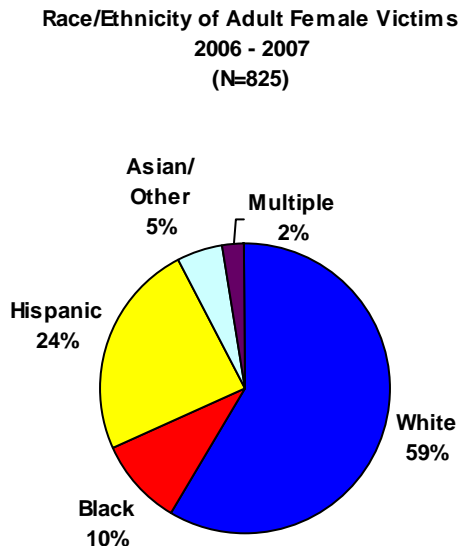
Race/Ethnicity	Number of Exams	Percent of Exams	Annual Rate Per 100,000 Females
White	482	58.4%	38.22
Black	80	9.7%	73.18
Hispanic	202	24.5%	33.25
Asian/Other	41	5.0%	14.27
2 Races or More	20	2.4%	33.95
Total	825	100.0%	35.50

Source: San Diego County Adult (18 years and older) SART Data: Females 2006 – 2007

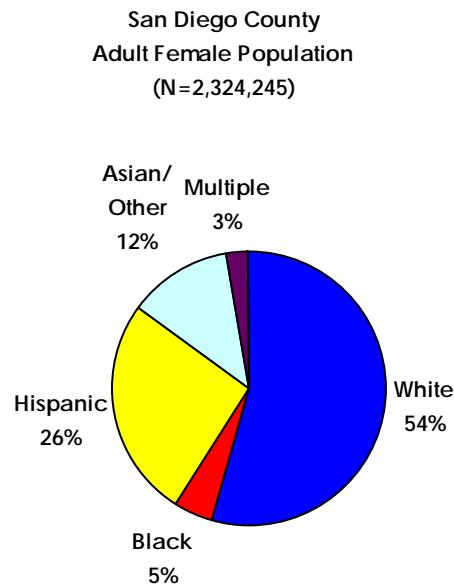
Population estimates: SANDAG October 2009

Note: Excludes 17 exams missing Race/Ethnicity

Figure 1-8: Adult Females: Victims vs. Population by Race/Ethnicity San Diego County, 2006 - 2007



Source: County of San Diego Adult (18 years and older) Female SART Data, 2006 - 2007



Source: SANDAG Population estimates, updated October 2009

SAN DIEGO COUNTY SART REPORT

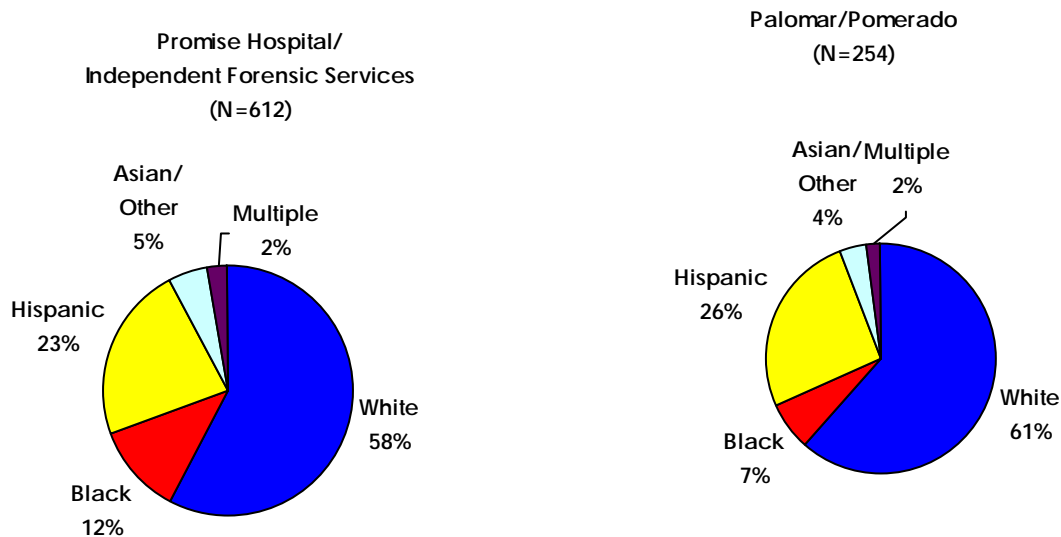
Race/Ethnicity by Facility: Adult Victims

The distribution of race/ethnicity by treating facility is shown below for the years 2006-2007. Promise Hospital/Independent Forensic Services, located in the southern and more urban section of the county, sees a higher proportion of Black victims than the Palomar-Pomerado SART facility. In contrast, Palomar-Pomerado sees a slightly higher proportion of Whites and Hispanics.

Over half (58%) of the sexual assault victims brought to Promise/Independent Forensic Services were White, 12% were Black, 23% were Hispanic, and 5% were Asian.

Of the victims seen at Palomar and Pomerado Hospitals, 61% were White, 7% were Black, 26% were Hispanic, and 4% were Asian.

**Figure 1-9: Victim Race/Ethnic Distribution by Examination Facility
San Diego County, 2006 - 2007**



Source: San Diego County Adult (18 years and older) SART Data, 2006 - 2007
Note: Excludes 18 exams missing Race/Ethnicity

SAN DIEGO COUNTY SART REPORT

Time Intervals: Adult Victims

Time is a crucial factor in attending to the victim's needs as well as in ensuring that useful evidence can be obtained. Typically, the period between assault and the time that the incident is reported to SART takes the longest (median = 13 hours 15 minutes). This is because law enforcement must be notified and evaluate whether a crime has occurred before an exam can be authorized. Times also vary dependent on law enforcement's need to investigate the incident and secure the crime scene. Once the victim arrives at a SART facility, the examination begins within 25 minutes for half of all victims, and the examination is completed in approximately one hour and 8 minutes, on average. This is a vast improvement over previous anecdotal reports of up to nine hours from the time the victim reported the assault to exam completion.

Certain sexual assault cases are excluded from the time data runs because they are not an accurate reflection of SART system operations. In some instances assault victims report directly to the SART facility (walk-ins) without contacting law enforcement. Because law enforcement must be notified and investigate before the exam is authorized, these cases skew the time data. Similarly excluded are late disclosures, which are primarily cases of sexual assault of adolescents, developmentally delayed or elderly patients with dementia. Finally, some victims have such serious physical injuries that they must be admitted to a trauma center and have exams as in-patients in non-SART facilities.

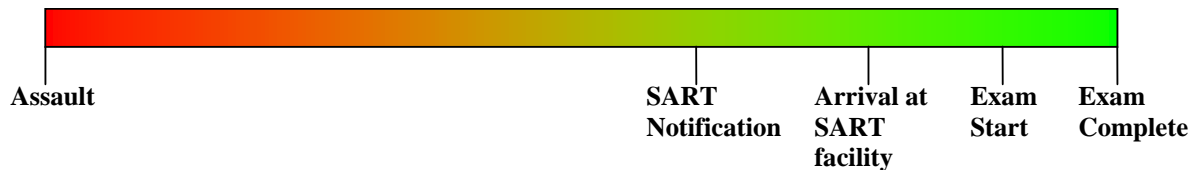


Table 1-3: SART Process Time Intervals, 2006 – 2007

	Assault to SART Arrival	Arrival at Facility to Exam Start	Exam Start to Exam Complete
Valid Observations	702	836	859
Missing*	163	29	6
Mean	23 Hours, 40 Minutes	38 Minutes	1 Hour, 42 Minutes
Median	13 Hours, 15 Minutes	25 Minutes	1 Hour, 40 Minutes

*Missing or invalid times

Note: Includes victims 18 years and older examined at adult SART facilities.

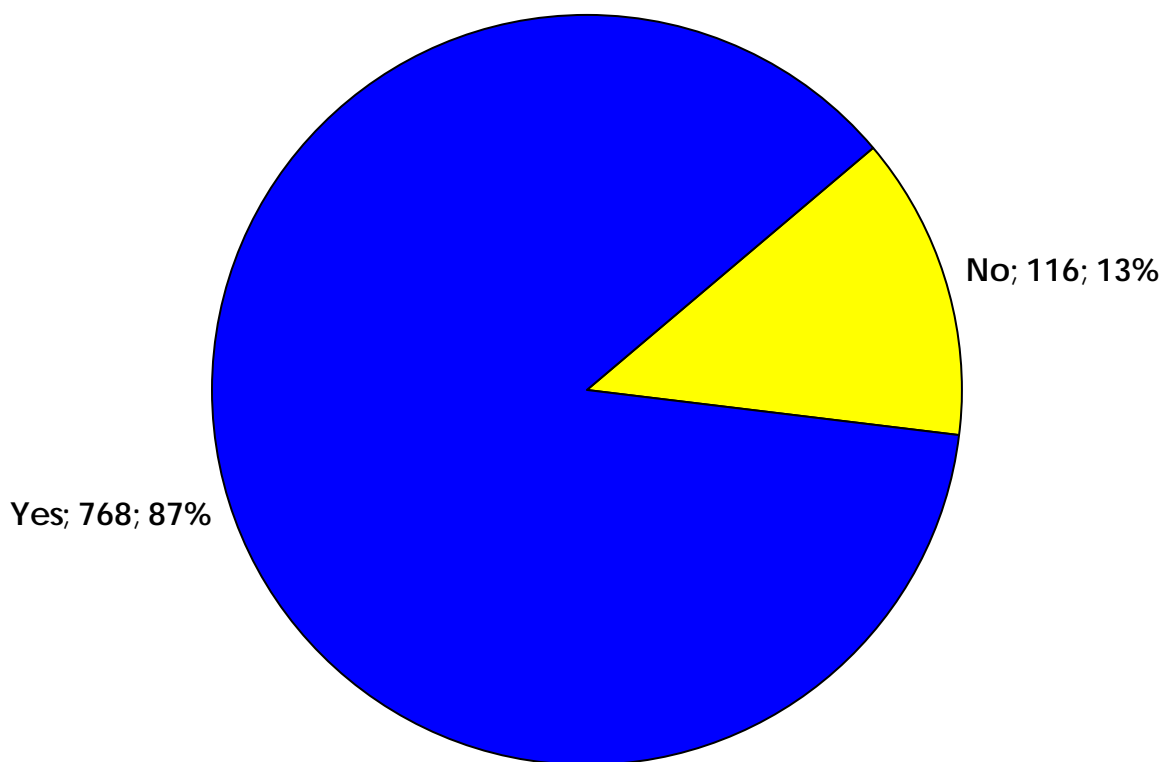
Source: San Diego County Adult (18 years and older) SART Data, 2006 - 2007

SAN DIEGO COUNTY SART REPORT

Positive Visible Physical Findings: Adult Victims

Positive visible physical findings identified at the time of the examination may include anything from presence of semen to external bodily injuries. The distinction of "visible" physical findings is important because biological evidence such as semen and blood, and trace evidence such as hair, debris, and fibers, can be analyzed by the crime lab which may identify additional corroborating evidence. Eighty-seven percent (86.9%) of cases (768) examined at the SART facilities during 2006 and 2007 showed positive visible physical findings.

Figure 1-10: Positive Visible Physical Findings at Adult SART Facilities: 2006 - 2007



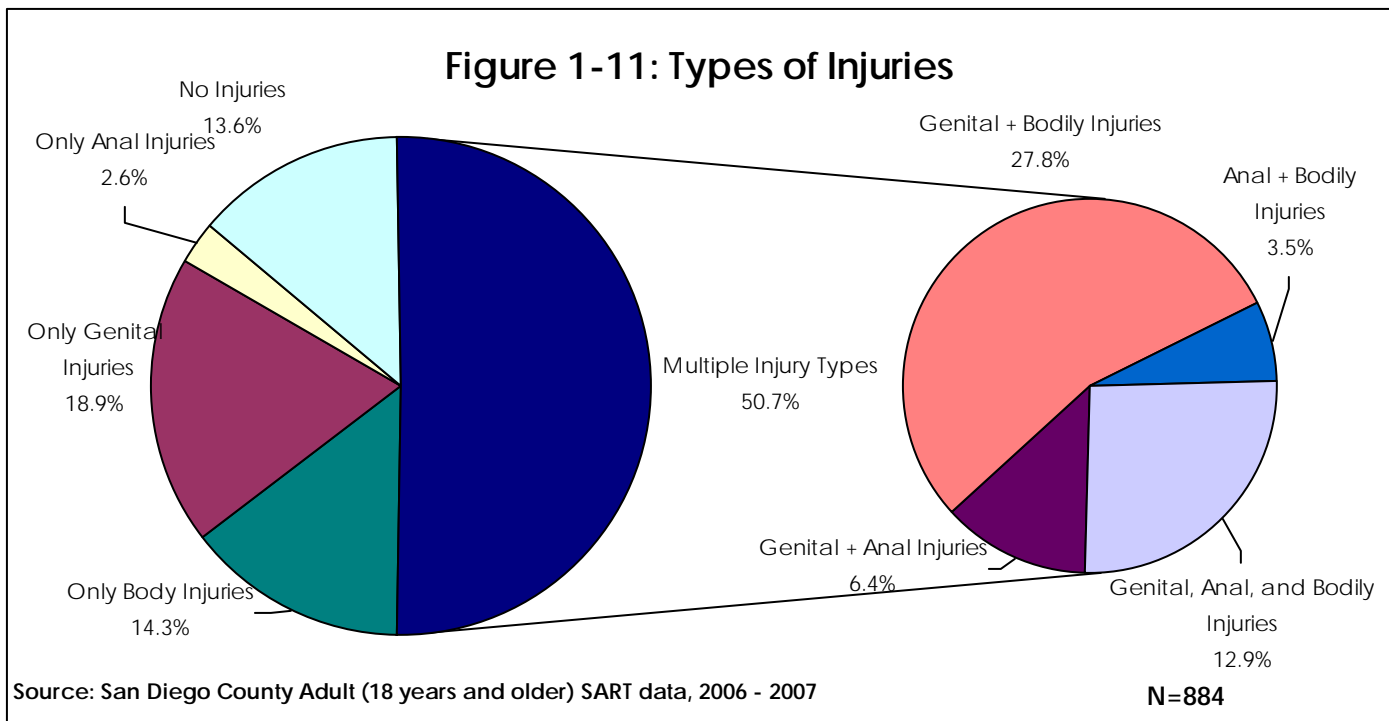
Source: San Diego County Adult (18 years and older) SART data, 2006 - 2007

N=884

SAN DIEGO COUNTY SART REPORT

Types of Injuries: Adult Victims

With the implementation of the SART system, forensic examiners employed technology to visualize and permanently document genital injuries. Forensic examiners documented genital, rectal, oral, and/or external bodily injuries in 764 (86%) of the victims seen during 2006 and 2007. Genital injuries alone were present in 167 victims (19%) and in combination with bodily injuries in 360 (41%) of all examined victims. Anal/rectal injuries were present alone in 23 (2.6%) of victims. Bodily injuries alone were evident in 126 (14%) of those examined.



SAN DIEGO COUNTY SART REPORT

Positive Visible Physical Findings by Time Since Assault: Adult Victims

The likelihood of documenting positive physical findings decreases the longer it takes to obtain the evidentiary examination. However, as the table below shows, more than 80% of exams up to two days after the assault revealed positive findings.

Table 1-4: Evidentiary Examinations with Positive Visible Physical Findings

Positive Physical Findings	Time from Assault to SART Notification														Total	
	Less than 24 Hrs		1 day		2 days		3 days		4 days		5 or more days		Unknown/ Missing			
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Yes	474	87.9	78	84.8	41	82.0	7	58.3	1	20.0	8	72.7	159	90.9	768	86.9
No	65	12.1	14	15.2	9	18.0	5	41.7	4	80.0	3	27.3	16	9.1	116	13.1
Total	539	100	92	100	50	100	12	100	5	100	11	100	175	100	884	100

Source: San Diego County Adult SART Data: 2006 - 2007

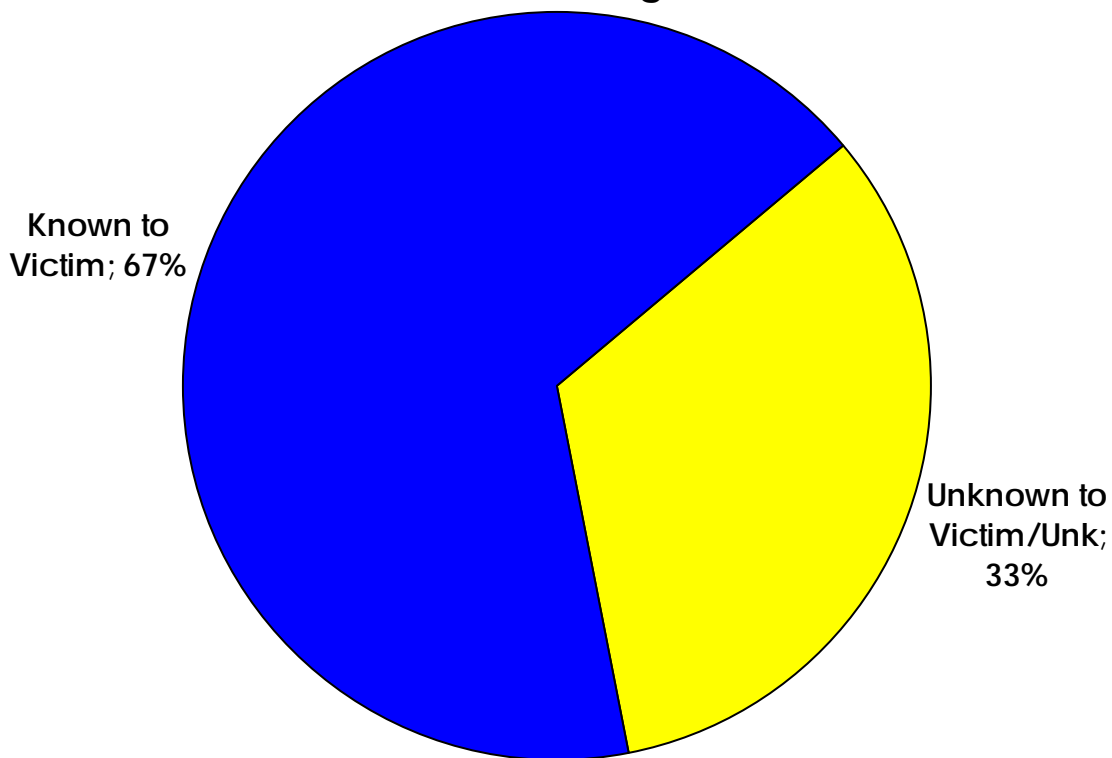
SAN DIEGO COUNTY SART REPORT

Perpetrator Relationship: Known or Unknown to Adult Victims

San Diego data indicates that over two-thirds of the victims who received evidentiary examinations knew their perpetrators. This is in contrast to the prevailing belief that victims are primarily attacked by strangers.

Both types of assaults, non-stranger and stranger, present challenges to law enforcement personnel and district attorneys prosecuting the cases. In non-stranger assaults the defense often centers on the issue of whether there was consensual vs. non-consensual sex. In stranger assaults identifying the perpetrator is the challenge. However, increased Deoxyribonucleic Acid (DNA) testing and the establishment of a centralized DNA database has been very helpful in apprehending the perpetrators in stranger assaults. Now with the advancement of DNA technology, defendants in the stranger assault cases are also claiming a consensual consent defense because they have no other defense option available.

**Figure 1-12: Perpetrator Relationship:
Known to Victim vs. Stranger: 2006 - 2007**



Source: San Diego County Adult (18 years and older) SART data, 2006 - 2007

N=884

SAN DIEGO COUNTY SART REPORT

Perpetrator Relationship: Adult Victims

The non-stranger relationship category included partners, relatives, and other acquaintances. Of the known relationships, 28% of the non-strangers were current or previous spouses, cohabitants, or significant others. "Acquaintances" made up 33% of cases, and consisted of a broad array of relationships ranging from classmates to co-workers to caregivers.

A number of victims were assaulted by multiple attackers. When this was the case, perpetrator status was coded according to the assailant with the closest relationship to the victim.

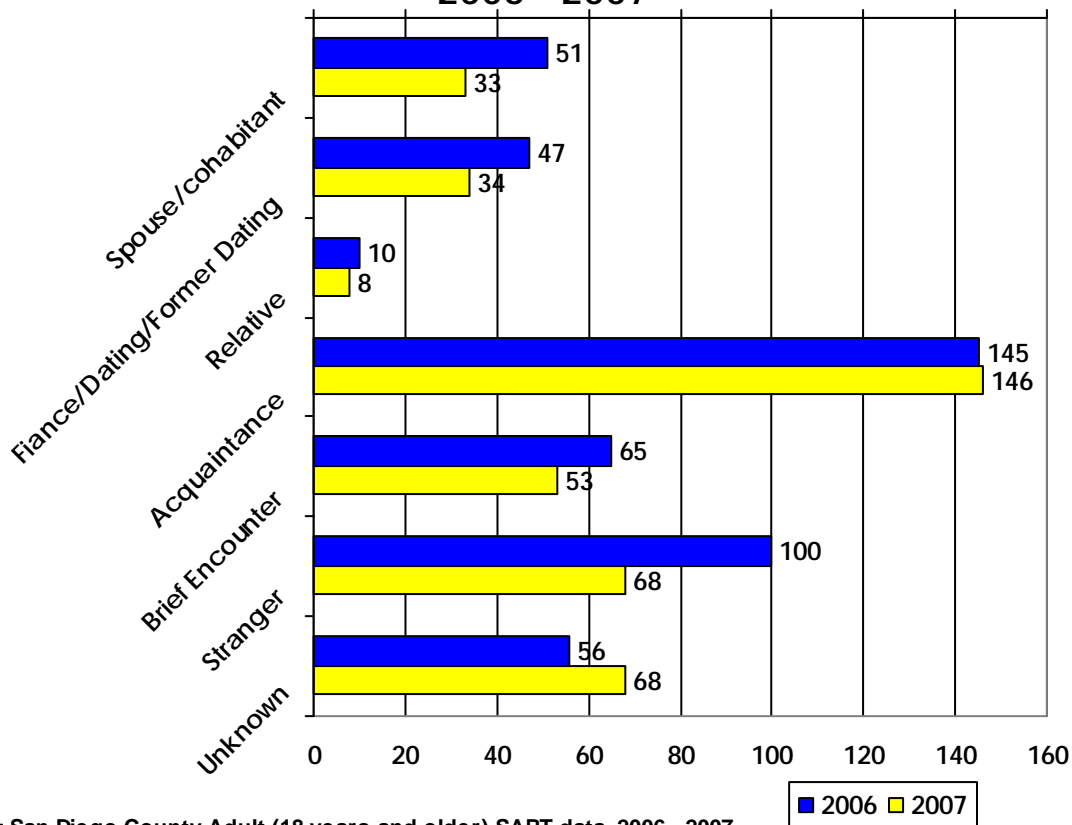
Table 1-5:
Perpetrator Status by Reporting Period

Perpetrator Status	2006	2007	Total
Spouse	25	14	39
Ex-spouse	3	2	5
Cohabitant*	23	17	40
Fiancé/Dating	47	34	81
Relative	10	8	18
Acquaintance	145	146	291
Brief Encounter	65	53	118
Stranger	100	68	168
Unknown	56	68	124
Total	474	410	884

*Includes Former and Present Status.

Source: San Diego County Adult (18 years and older) SART
Data: 2006-2007

Figure 1-13: Perpetrator Relationship: Adult Victims,
2006 - 2007



Source: San Diego County Adult (18 years and older) SART data, 2006 - 2007

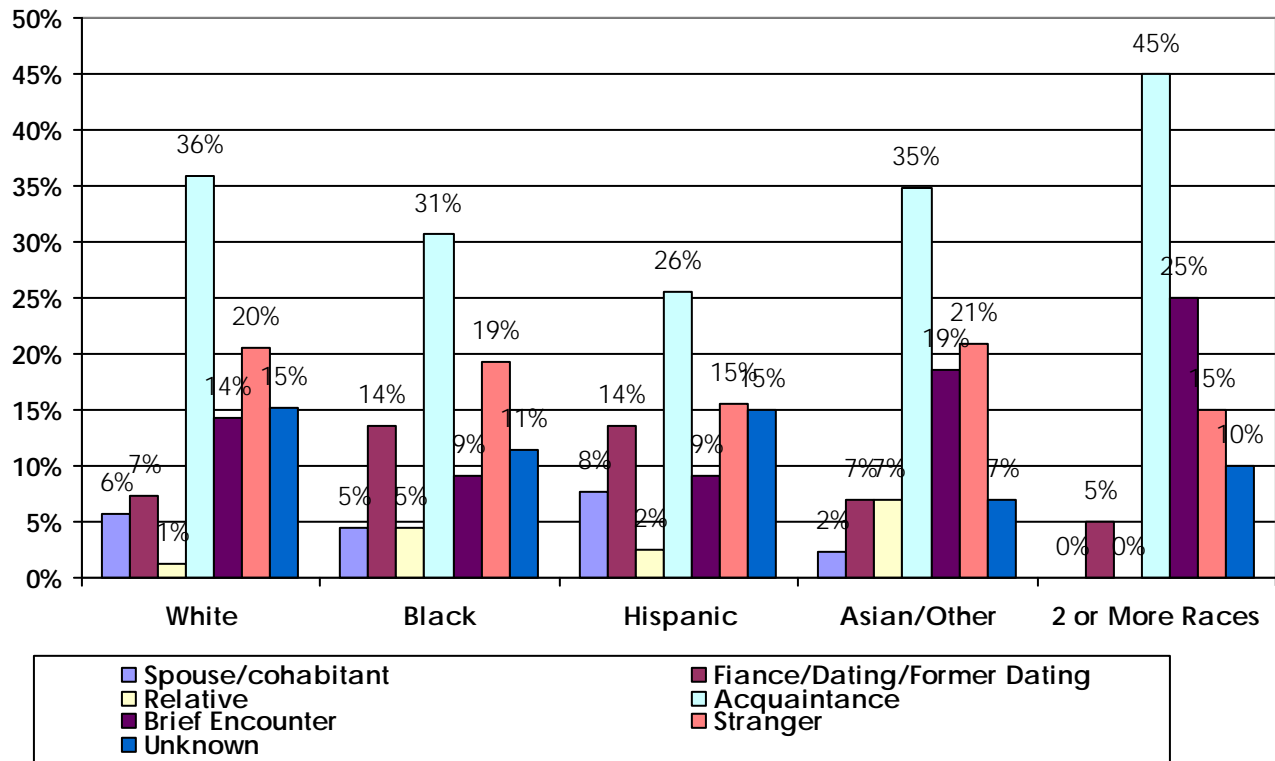
SAN DIEGO COUNTY SART REPORT

Perpetrator Relationship by Victim Race/Ethnicity: Adult Victims

Since “Acquaintances” comprised half of cases where the offender was known to the victim, it is not surprising that they were the most frequent offender across all racial and ethnic group exam victims. This was followed by strangers for all races, except those reporting two or more races.

It is important to remember that evidentiary examination statistics do not necessarily reflect the actual sexual assault rates. Reporting differences, and therefore the likelihood for exam authorization, may differ across cultures. For instance, some cultures may be less willing to report sexual assaults when they involve a spouse or other partner, and consequently the stranger category is proportionately higher.

Figure 1-14: Perpetrator Relationship by Victim Race/Ethnicity: Adult Victims, 2006 - 2007



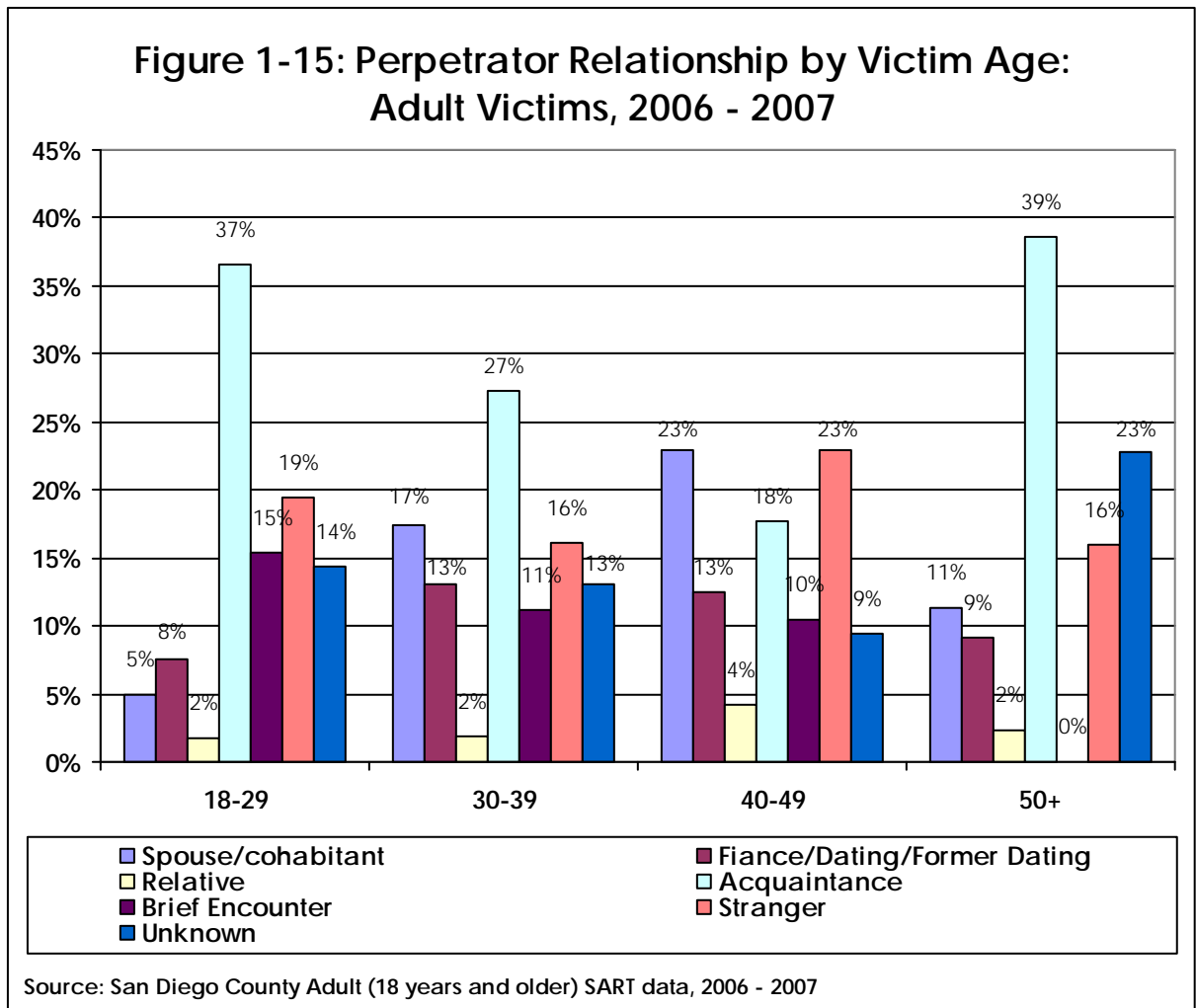
Source: San Diego County Adult (18 years and older) SART data, 2006 - 2007

Note: Does not include 18 victims of unspecified race.

SAN DIEGO COUNTY SART REPORT

Perpetrator Relationship by Victim Age

The distribution of perpetrator relationships changes with different age groups. For example, acquaintances and brief encounters combine to make up half (52%) of assaults of 18 to 29 year olds, but drop to less than 40% of older age groups. The percent of assaults by spouses and cohabitants, meanwhile, increases from 5% of 18 to 29 year olds to 17% of victims in their 30s and 23% of victims between 40 and 49 years of age.

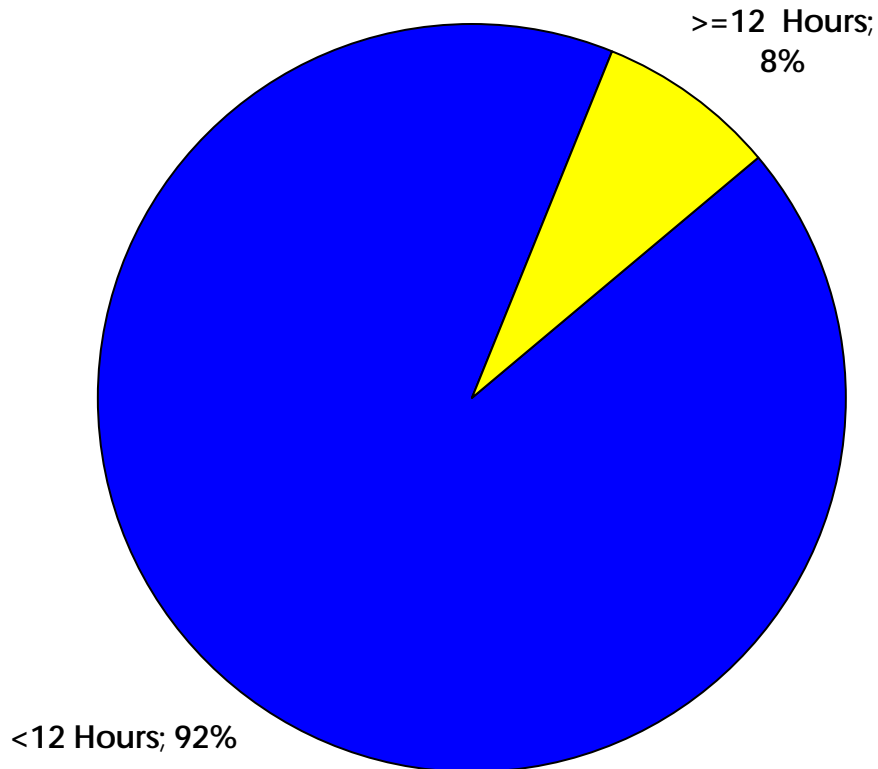


SAN DIEGO COUNTY SART REPORT

Brief Encounter Relationships among Victims in the 18-29 Age Group

Brief encounters, where the victim met the assailant within the previous 24 hours, comprised 23% of encounters in which the victim knew the assailant. Situations where brief encounter relationships most likely develop between perpetrator and victim are at bars or parties. These facts point to opportunity for education for young women, and accordingly, many of the San Diego advocacy agency risk reduction campaigns are targeted to college campus activities.

Figure 1-16: Brief Encounter Relationship:
18 to 29 Year old Victims: 2006 - 2007



Source: San Diego County Adult (18 years and older) SART data, 2006 - 2007

N=85

CHAPTER

2

SAN DIEGO COUNTY
SART REPORT

Examinations of Juveniles Under 18 Years 2006—2007

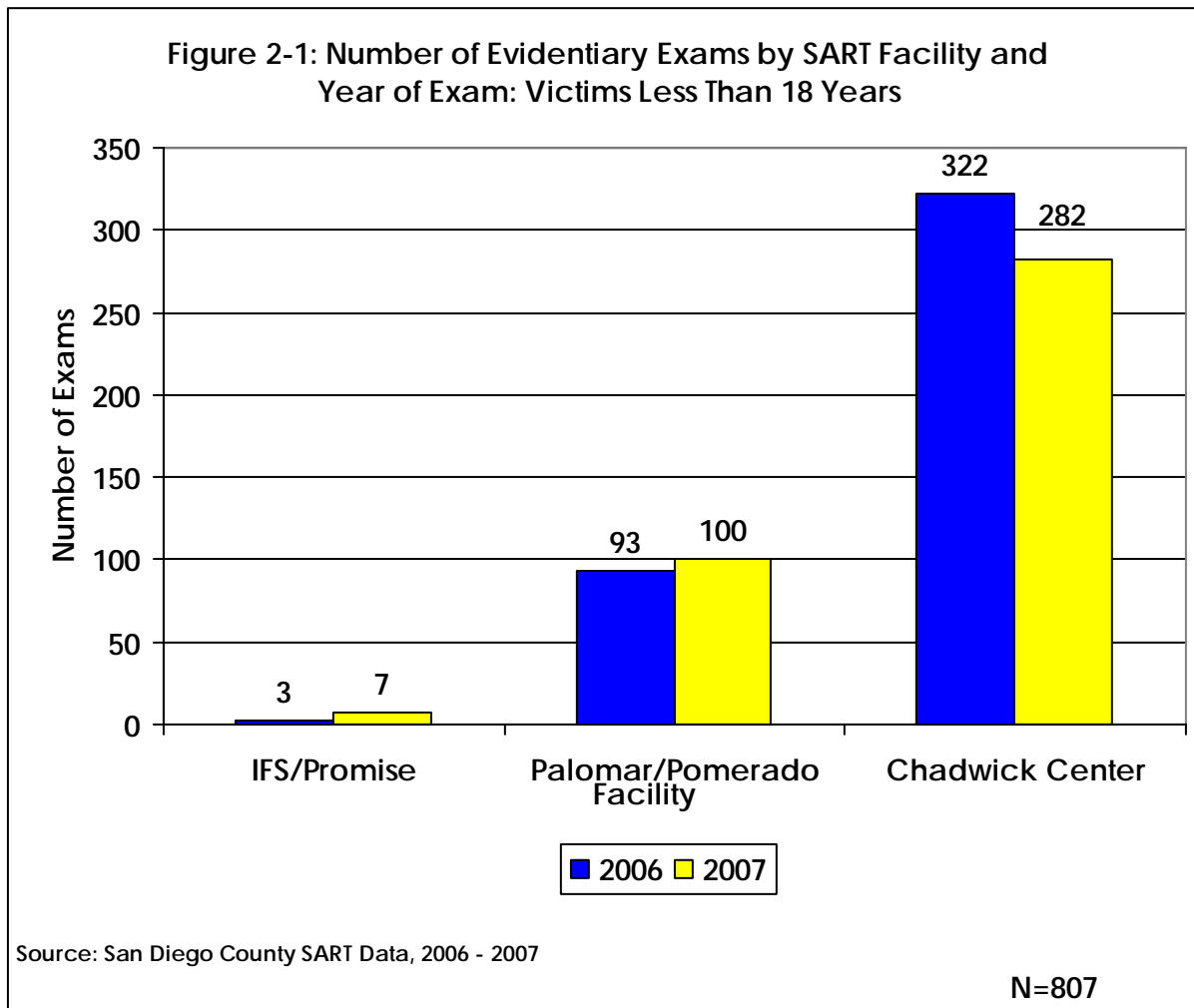


SAN DIEGO COUNTY SART REPORT

Examinations by Facility

Sexual assaults of children pose unique challenges, not only legally, but also physically and emotionally. Appropriate investigation and treatment requires a facility with special medical and support services. The Child Abuse Unit at Palomar Hospital and the Chadwick Center at Rady Children's Hospital provide specialized care for young abuse victims. Promise Hospital and Independent Forensic Services conducted 10 exams for victims in the 14-17 year age group.

In child sexual abuse, the history is very important and challenging to obtain due to the victim's young age and developmental understanding of what has happened. Both Palomar and Chadwick Center have a forensic interviewing component. Forensic interviews are requested as needed by law enforcement and/or Child Welfare Services and are videotaped for possible use later in the investigation and prosecution of a case. The medical providers work collaboratively with the forensic interviewers, limiting questions to the child victim only to questions necessary to perform a competent forensic medical exam.



SAN DIEGO COUNTY SART REPORT

Child Welfare Services Referrals

In addition to criminal investigation, cases involving sexual abuse or assault of minors are reported to the County of San Diego Health and Human Services Agency, Child Welfare Services according to the California Child Abuse Reporting Law (P.C 11166). Investigations by law enforcement are, whenever possible, coordinated with the investigation that is carried out by Child Welfare Services to ensure the safety of the child's home and community environment. Child Welfare Services is a major part of the multidisciplinary teams that review minors' cases.

**Table 2-1: All Referrals and Substantiated Referrals with Sexual Abuse Allegations to Child Welfare Services
Fiscal Year 1998/99 to FY 2007/08**

FISCAL YEAR	DISTINCT CHILDREN ON REFERRALS*	SEXUAL ABUSE ALLEGATION	% OF TOTAL	CHILDREN ON SUBSTANTIATED REFERRALS**	SUBSTANTIATED SEXUAL ABUSE ALLEGATION	% OF TOTAL
1998-1999	49,879	5,869	11.8%	14,258	1,227	8.6%
1999-2000	50,880	6,167	12.1%	12,744	1,176	9.2%
2000-2001	48,665	5,129	10.5%	11,484	972	8.5%
2001-2002	51,359	5,016	9.8%	11,645	843	7.2%
2002-2003	52,117	4,788	9.2%	11,013	828	7.5%
2003-2004	49,932	4,363	8.7%	10,017	672	6.7%
2004-2005	48,474	3,774	7.8%	10,124	543	5.4%
2005-2006	49,914	4,063	8.1%	10,055	536	5.3%
2006-2007	48,988	4,371	8.9%	10,538	484	4.6%
2007-2008	50,346	5,209	10.3%	10,439	588	5.6%

*Number of Distinct Children on Referrals is an unduplicated count of children included in reports of child abuse/neglect made to Child Welfare Services (prior to investigation). Children on more than one referral during the year are only counted once.

**Substantiated Referrals are where a social worker has investigated a report and determines that some type of abuse/neglect occurred.

Source: U.C. Berkeley Center for Social Services Research: CWS/CMS Dynamic Report System, http://cssr.berkeley.edu/ucb_childwelfare

Extract date: 2/16/10 (for 2006-07 to 2008-09 data); 11/29/07 for earlier years

Assignment #: SAN32

Prepared by: Child Welfare Services (CWS) Data & QA Unit

SAN DIEGO COUNTY SART REPORT

Age and Gender

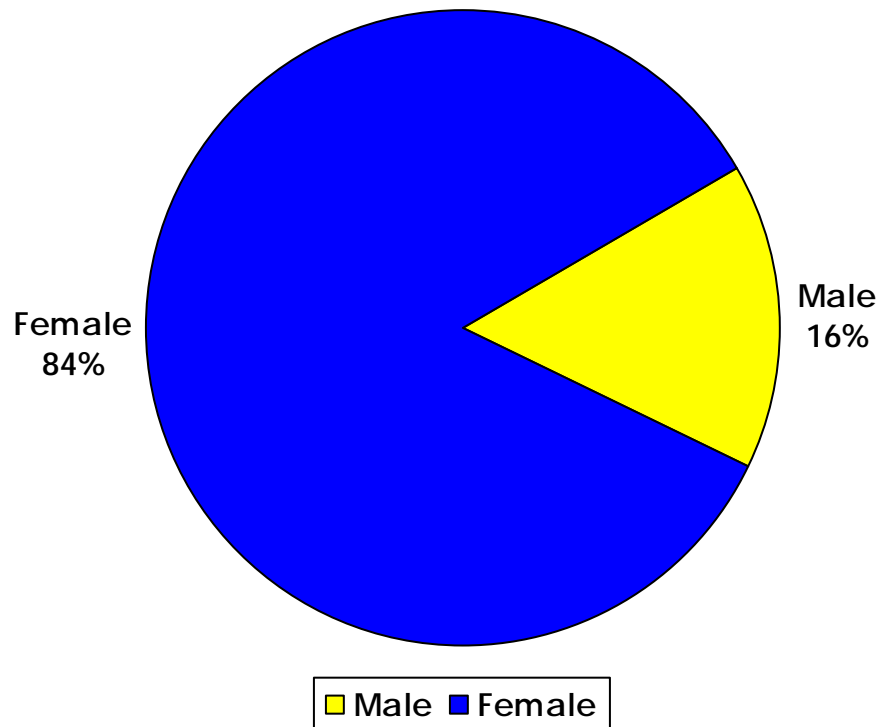
Boys represented 16% of acute evidentiary examinations to children and adolescents, with 126 exams during this time period. Boys 17 years of age and younger made up 75% of all exams conducted for male sexual assault victims.

Table 2-2: Age Distribution by Year, 2006 – 2007

Age Group	2006		2007		Total	
0-10	251	(60.0%)	201	(51.7%)	452	(56.0%)
>10	167	(40.0%)	188	(48.3%)	355	(44.0%)
Total	418	(100.0%)	389	(100.0%)	807	(100.0%)

Source: San Diego County SART Data: 2006 – 2007

Figure 2-2: Victims Age 0 to 17 Receiving Evidentiary Examinations by Gender, 2006 - 2007



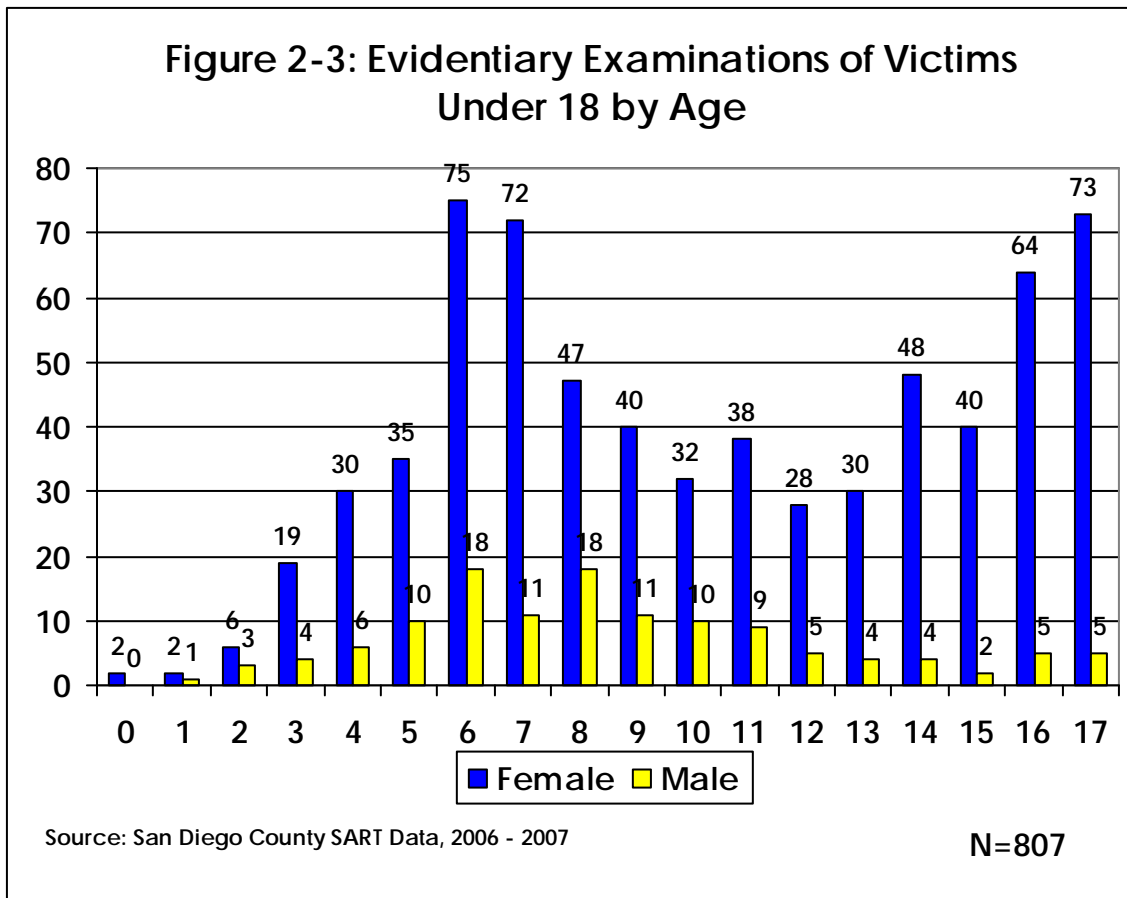
Source: San Diego County SART Data, 2006 - 2007

N=807

SAN DIEGO COUNTY SART REPORT

Age

The graph below shows the age distribution of victims under the age of 18 who received evidentiary examinations from 2006-2007. In the pre-teenage years, examinations peaked at age six and then decreased.

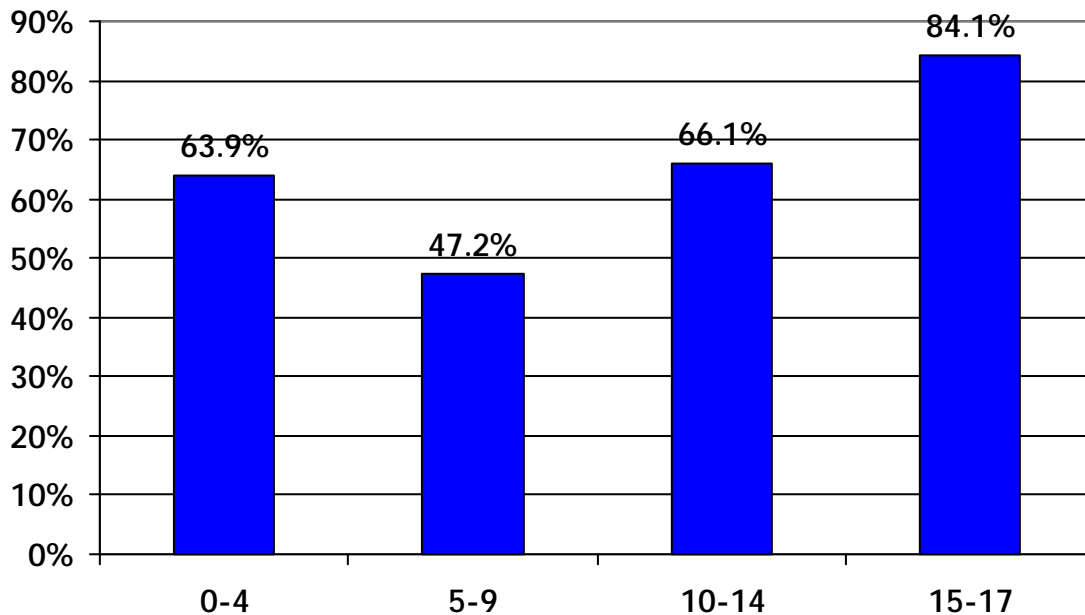


SAN DIEGO COUNTY SART REPORT

Positive Visible Physical Findings: Juvenile Victims

Reports of sexual assault in children may not occur immediately after the assault. In fact, the majority of examinations are conducted more than 72 hours after the assault, sometimes months or years later. Studies show that in children immediately following sexual abuse/assault, the incidence of positive visible genital injuries is much lower than it is in teens and adults. Genital injuries tend to heal well and sometimes completely or there may be residual changes from injury that still can be identified so there is a difference in the incidence of positive visible physical findings depending on whether the examination is performed immediately after the sexual abuse/assault or sometime later. Children often do not disclose at the time of the abuse for several reasons: confusion, lack of frame of reference, fear of punishment, and perceived or real threats from the perpetrator. The value of the examination rests not only in the discovery of forensic evidence or injury, but also in reassurance given to the child and parents that the child is healthy. During the examination, young children and teens are tested and/or treated prophylactically for sexually transmitted diseases.

**Figure 2-4: Positive Visible Physical Findings*,
2006 - 2007**



Source: San Diego County SART Data, 2006 - 2007

Note: Findings reported for juvenile exams conducted at SART facilities (IFS/Promise and Palomar/Pomerado).

N=203

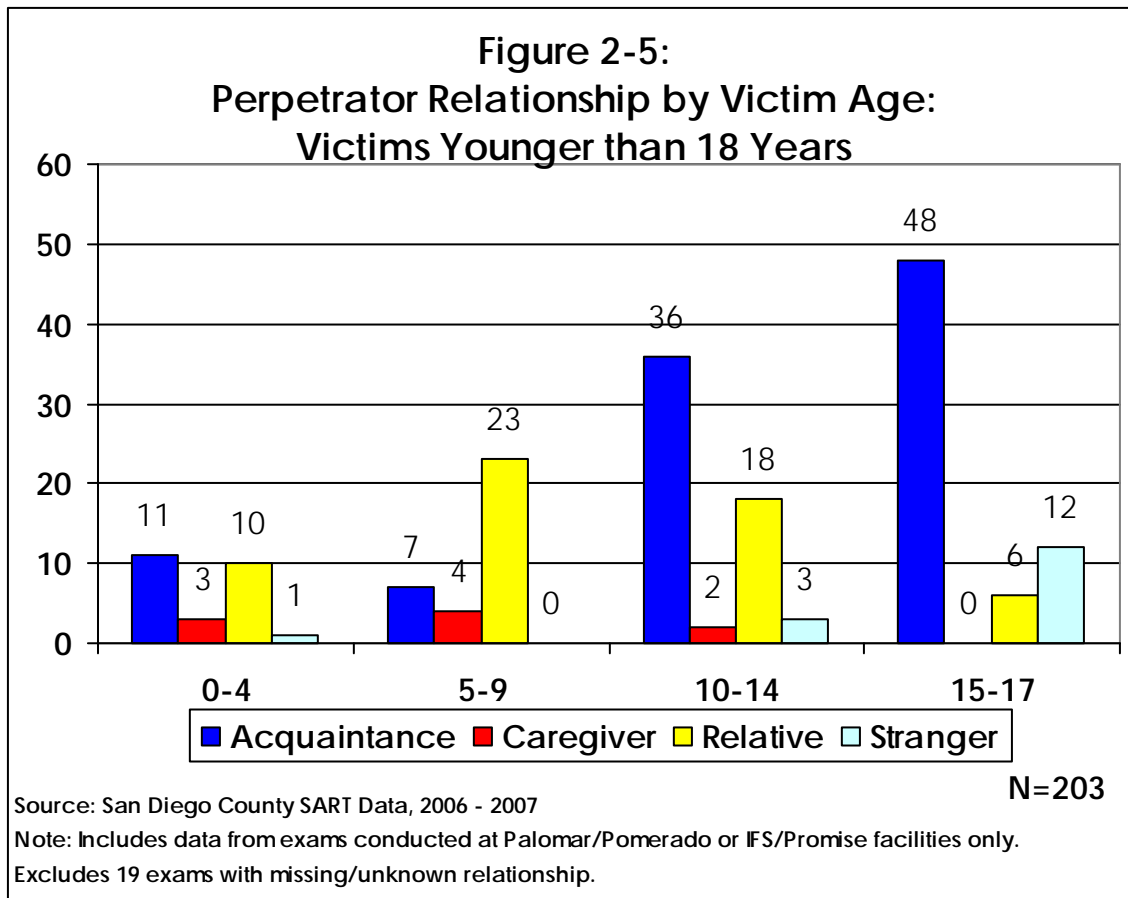
* Injuries or visible physical evidence identified by forensic examiners.

SAN DIEGO COUNTY SART REPORT

Perpetrator Relationship: Juvenile Victims

The relationship of the perpetrator to the victim in sexual assault of children displays a different pattern than with adult victims. While most adult victims know their attackers, young children were almost twice as likely to be related to their attackers. This carries special legal ramifications, including potential custodial issues.

Data on perpetrator relationship were reported by IFS/Promise Hospital and Palomar Pomeroado Hospital. Overall, child victims under the age of 18 were assaulted or abused by a relative in 28% of the cases. More than half (55%) of the victims under age ten were assaulted by relatives. As the age of the child victim increases, the percentage of assaults by a relative decreases and in turn, acquaintance and stranger assaults increase.

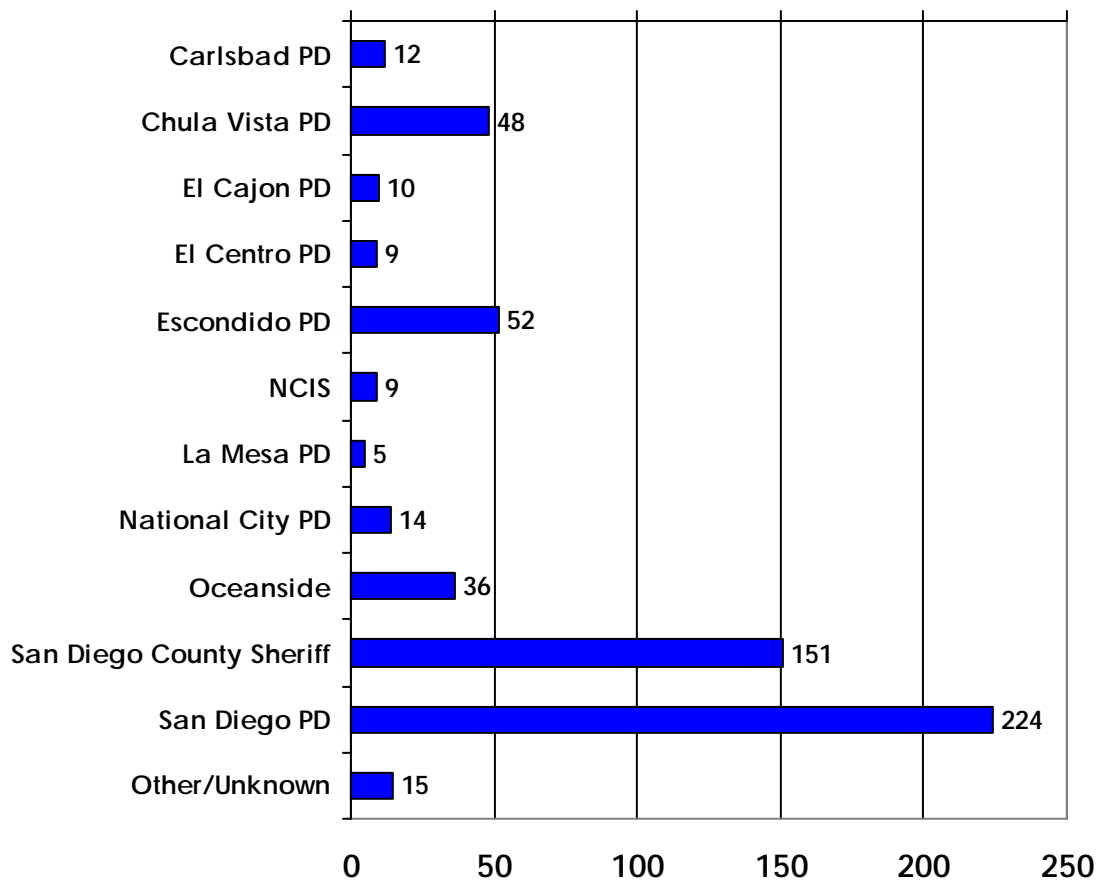


SAN DIEGO COUNTY SART REPORT

Authorizing Law Enforcement Agency

Similar to adult statistics, San Diego Police Department was the most frequent authorizing agency, with 50% more referrals than the next most frequent authorizing agency, the San Diego County Sheriff's Department.

**Figure 2-6: Authorizing Law Enforcement Agency
for Victims Under the Age of 18**



Source: San Diego County SART Data, 2006 - 2007

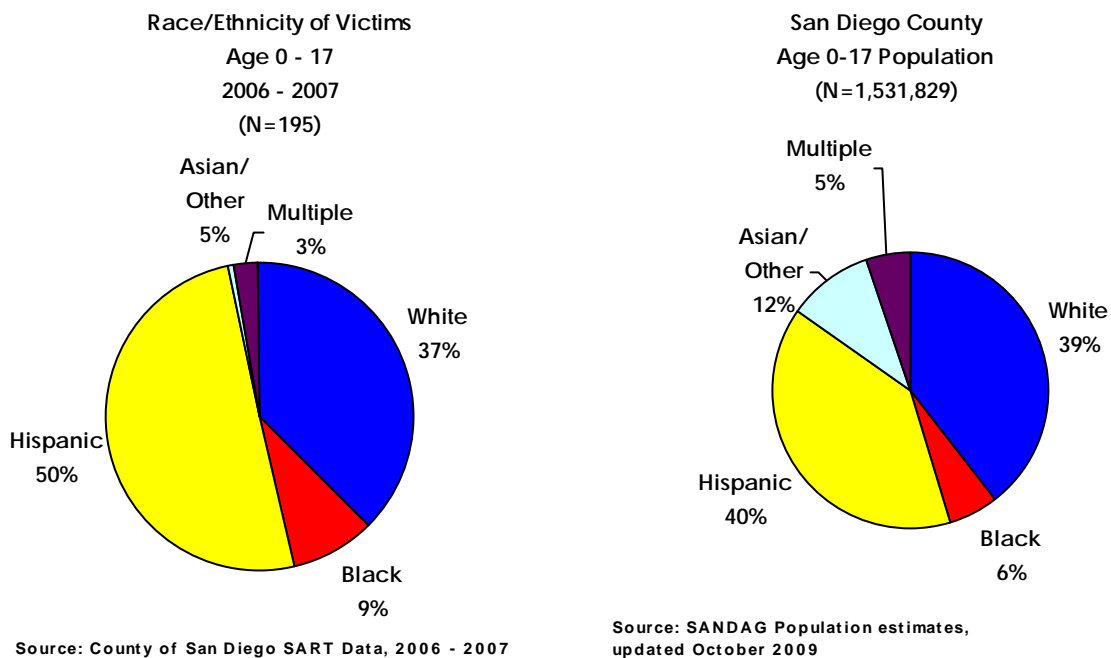
N=585

SAN DIEGO COUNTY SART REPORT

Victim Race/Ethnicity: Juvenile Victims

Where available, the race/ethnicity distribution for sexual assault victims was somewhat similar to that of the County population for children under age 18. Whites (37%) and blacks (9%) both had similar percentages of exams relative to their percentages in the population (39% and 6%). Hispanic children, who represent 40% of the juvenile population, made up half of examinations for this age group.

Figure 2-7: Victims vs. Population by Race/Ethnicity
San Diego County, 2006 - 2007



SAN DIEGO COUNTY SART REPORT

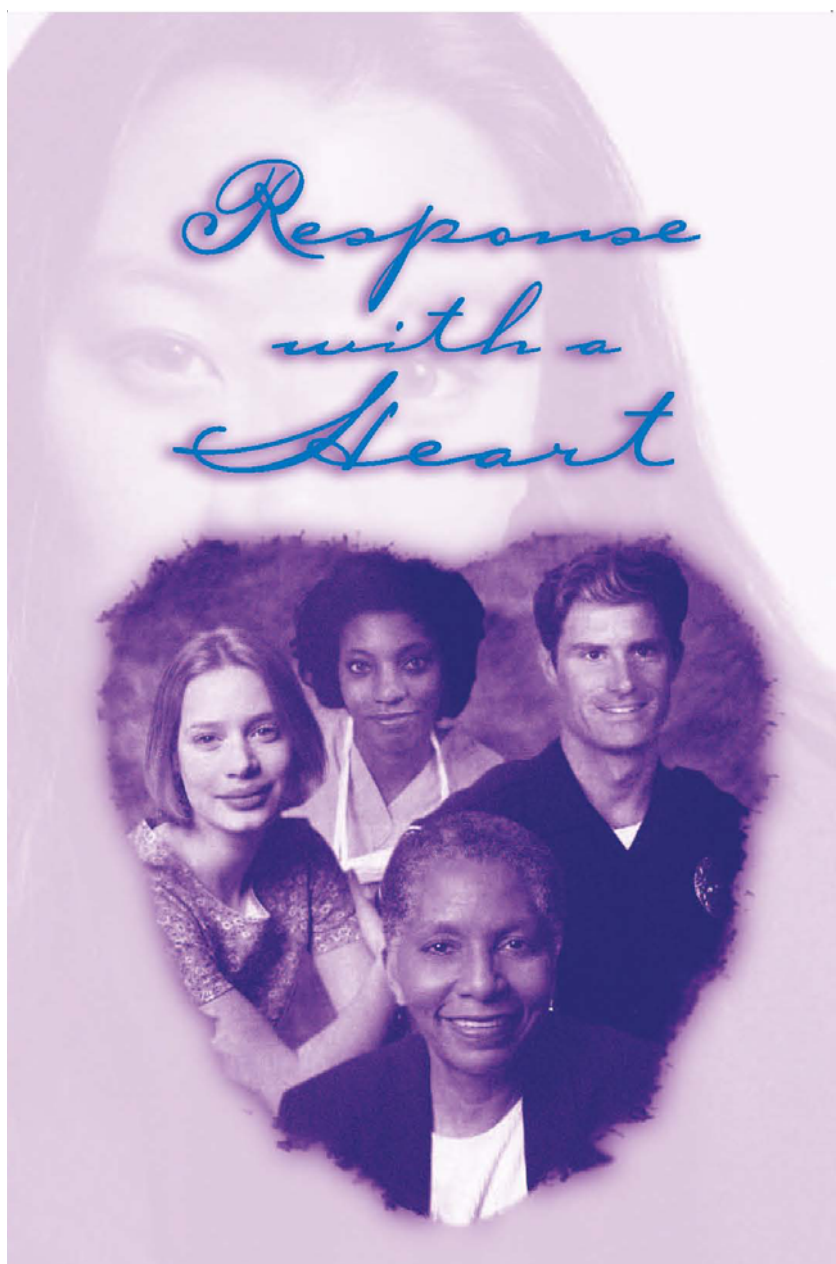
Sexual Abuse Screening Exams

Sexual abuse is unfortunately not an uncommon problem. Good retrospective studies document that by age 18 in the United States, approximately 25% of females and approximately 16% of males will have experienced some form of sexual abuse. Because not all incidents are reported quickly and clearly, some cases do not meet criteria for law enforcement investigation. In these cases, parents or referring community physicians may still obtain a sexual abuse screening examination that may be paid for privately through patient insurance. These evaluations at times result in information that results in police investigation. Those that do not, still assist parents in making decisions for their child's safety.

Developmentally Disabled Victims

Developmentally disabled teens and adults are very vulnerable to sexual assault and exploitation. Both Palomar and Chadwick see these victims when identified for acute and nonacute exams, as indicated by the timing of the disclosure. They usually also have forensic interviews. Strong advocacy for these victims' protection in San Diego and Imperial Counties is provided by the Victim Assistance Support Team (VAST) Program, whose specially trained advocates work with developmentally disabled victims.

SART Systems Review Committee Past and Present Participants 1993—2007



SAN DIEGO COUNTY SART REPORT

SART Systems Review Committee Past and Present Participants 1993 - 2007

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Janedra Sykes
Suzanne Abbey
Shelley Anderson
Liza Boyer
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Deborah Dawson
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Support Team (CAST)

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SAN DIEGO COUNTY SART REPORT

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SAN DIEGO COUNTY SART REPORT

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Anna Knuth

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SAN DIEGO COUNTY SART REPORT

San Diego Police Department, Sex Crimes Unit

Sharon McFalls
Tim Muren
David Nisleit
Anastasia Smith
Judy Woods
Joanne Archambault - Chair 1995
Steve Cross
Mark Foreman - Chair 2000
John Bailey
Bill Edwards
Jim Evans
Sharon McNair
Joseph Molinowski
Rick O'Hanlon
Bill Stetson
Janet Wright

Victim Assistance Support Team (VAST)

Kimberly Mackey-Breedlove
Auxie Zuniga

Women's Resource Center

Sandy Broce – Co-Chair 2006
Lorine Lloyd
Adele Griffin
Jill Morgan
Mary Sheeney
Glenna Smith
Donna Williams

Trauma Intervention Programs of San Diego

Kim Higgins
Carol Purcell

UCSD Medical Center – Division of Adolescent Medicine

Joyce Adams, MD

UCSD Student Safety

Nancy Wahlig

Veteran's Administration

Leslie Satz

University Community Medical Center/Promise Hospital

Claire Nelli, RN
Joan Bliss, RN
Amor Hernandez, RN
Debbie Kilgore, RN, NP
Jessyca Laing, RN

Boldface type indicates current member

County of San Diego
Health and Human Services Agency

Board of Supervisors
Greg Cox, District One
Dianne Jacob, District Two
Pam Slater-Price, District Three
Ron Roberts, District Four
Bill Horn, District Five

Chief Administrative Officer
Walt F. Ekard

Health and Human Services Agency
Director
Nick Macchione, MS, MPH, FACHE

Public Health Services
Public Health Officer
Wilma J. Wooten, MD, MPH

